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THESIS

MEDICARE SUBVENTION: A CASE ANALYSIS OF REIMBURSEMENT ISSUES AFFECTING TRICARE SENIOR PRIME AT NAVAL MEDICAL CENTER, SAN DIEGO

by

David N. Breier

December 1999

Thesis Advisor: Richard B. Doyle
Second Reader: James A. Scaramozzino

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Medicare-eligible military beneficiaries have experienced difficulty accessing the Military Health System. To help alleviate this problem, a three-year demonstration project known as Medicare Subvention has been implemented, creating a Department of Defense Health Maintenance Organization called TRICARE Senior Prime (TSP). This research determined the financial impact of TSP at Naval Medical Center, San Diego (NMCSD). The financial analysis includes an examination of inpatient and outpatient costs and revenues for Fiscal Year (FY) 1999. The results of this research show that TSP indirectly caused a net reduction in operating costs at NMCSD in FY 1999 of $1.5 million or one percent of the operating budget. The program caused revenues to decline by causing a 20 percent reduction in admissions for non-TSP beneficiaries with other health insurance. Proportionally larger cost reductions resulted from this decrease in non-TSP admissions that outweighed increases in TSP admissions.

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MEDICARE SUBVENTION: A CASE ANALYSIS OF REIMBURSEMENT ISSUES AFFECTING TRICARE SENIOR PRIME AT NAVAL MEDICAL CENTER, SAN DIEGO

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ABSTRACT

Medicare-eligible military beneficiaries have experienced difficulty accessing the Military Health System. To help alleviate this problem, a three-year demonstration project known as Medicare Subvention has been implemented, creating a Department of Defense Health Maintenance Organization called TRICARE Senior Prime (TSP). This research determined the financial impact of TSP at Naval Medical Center, San Diego (NMCSD). The financial analysis includes an examination of inpatient and outpatient costs and revenues for Fiscal Year (FY) 1999. The results of this research show that TSP indirectly caused a net reduction in operating costs at NMCSD in FY 1999 of $1.5 million or one percent of the operating budget. The program caused revenues to decline by causing a 20 percent reduction in admissions for non-TSP beneficiaries with other health insurance. Proportionally larger cost reductions resulted from this decrease in non-TSP admissions that outweighed increases in TSP admissions.

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I. INTRODUCTION

A. BACKGROUND

The Balanced Budget Act of 1997 authorized the Department of Defense (DoD) to conduct a three-year demonstration project known as Medicare Subvention [Ref. 1]. This law amends the Social Security Act and allows Medicare-eligible military retirees to enroll in the DoD health maintenance organization known as TRICARE Senior Prime (TSP). Before the enactment of this legislation, military retirees over the age of 65 were eligible to receive care in Military Treatment Facilities (MTF) only on a space-available basis.

The Medicare Subvention demonstration project is taking place at six DoD test sites. Naval Medical Center, San Diego (NMCSD) is one of these test sites and is the focus of this thesis. Enrollment for this project began in August 1998. Enrollment levels were determined by DoD for all test sites based on a percentage of the Medicare-eligible population. DoD hospitals had been seeing Medicare-eligible retirees before the implementation of this demonstration project. This historic "level of effort" is a baseline that each MTF must achieve before receiving any reimbursement from the Health Care Financing Administration (HCFA).

Reimbursement is at a capitated rate per individual based on enrollment. [Ref. 2]

Fiscal year 1996 is the base year for determining the historical "level of effort" related to Medicare-eligible military retirees. The workload and accounting systems used by DoD make it difficult to determine cost per beneficiary. The validity of the data used from these systems is also in question. [Ref. 3]

Three benefits are expected to be achieved from this demonstration project. The Military Health System (MHS) benefits by using excess capacity and receiving additional funding in the form of Medicare reimbursement. The Health Care Financing Administration benefits by paying less per enrollee to DoD than they would have paid to private insurance companies. The military retirees benefit by obtaining improved access to the military health care system. [Ref. 3]

B. OBJECTIVES OF THE RESEARCH

Military retirees have traditionally received their medical care within the MHS. In the post-Korean War period, the MHS was easily able to accommodate the retired beneficiaries, which made up only eight percent of the total eligible population [Ref. 4]. The retired military

population, age 65 and older, has continued to increase to its 1999 level of 1.3 million [Ref. 3]. Retired military and their beneficiaries represent 50 percent of the total population eligible to use the MHS [Ref. 5].

This growth over the last 40 years has resulted in an increased strain on the MHS. The demands on the system have been compounded by the loss of 35 percent of DoD medical treatment facilities over the last 10 years [Ref. 5]. This decline resulted from four rounds of Base Realignment and Closure (BRAC) actions initiated in the late 1980s. The combination of these two factors has gradually limited access to the MHS for many retirees.

TRICARE is the managed care health care program for DoD, which provides care for military family members and retirees, outside the MTFs. Military retirees over the age of 65 are not eligible for care under the TRICARE system. Military retirees feel that their inability to access the military health care violates the government's promise of free health care for life. The issue of medical care is the number one issue of concern for military retirees [Ref. 6].

Medicare Subvention is one possible solution to this problem. It allows DoD to bill Medicare for treatment provided to military retirees over the age of 65. The objective of this research is to determine the financial

feasibility of the Medicare Subvention project based on an analysis of the demonstration underway at Naval Medical Center, San Diego (NMCSD). I expect to determine the net impact on operating revenues at NMCSD for FY 1999, an important factor in determining the cost-effectiveness of this project. My analysis will focus on cost associated with TSP enrollees and the effects of this program on Third Party Collections (TPC) revenues.

C. RESEARCH QUESTION

The primary question of this thesis is, what impact has the Medicare Subvention demonstration project had on operating revenues at Naval Medical Center, San Diego? There are two important secondary questions that I will try to answer. What impact has Medicare Subvention had on TPC revenues? What impacts have TSP enrollees had on operating costs?

D. SCOPE

This thesis will focus on the financial impacts of the Medicare Subvention project. It will use Naval Medical Center, San Diego as a case study for this analysis. The thesis will provide an explanation of how an individual MTF, participating in the Medicare Subvention project, will be reimbursed. This will be based on data provided in the

Memorandum of Agreement (MOA) between DoD and HCFA, information provided by the TRICARE Management Activity (TMA) and interviews with NMCSD staff.

The analysis will start with the reimbursement amounts received by NMCSD from TMA. The research will not attempt to determine the accuracy of these amounts. This reimbursement figure will be used as a starting point in determining the net financial impact of the Medicare Subvention program on NMCSD for 1999.

The majority of the data used for the analysis will come from the TPC program. Financial data from both the Third Party Outpatient Collection System (TPOCS) and the Composite Health Care System (CHCS) will be used. Cost data for clinic operations will be obtained from the Medical Expense and Performance Reporting System (MEPRS). Aggregate cost data will be used to analyze the impact on outpatient clinic operations. This analysis will be able to isolate revenues associated with retirees enrolled in TSP using TPOCS and CHCS information.

E. METHODOLOGY

The MTFs participating in the Medicare Subvention project are able to track the status of the program using an interim payments report. This report is produced monthly by

the TMA and determines the "profitability" of each MTF, and the program as a whole. The earnings figure for NMCSD that appears on this report will be the starting point for the financial analysis of this thesis.

Revenue effects for NMCSD relating to this program will focus on third party collections. These reimbursable revenues are received from third party insurance payers for care provided to military beneficiaries at the MTF. The research will examine both inpatient and outpatient collections over the past two years, attributable to TSP enrollees. Prior years' revenue will be compared to 1999 revenue to determine the effect of the Medicare Subvention program.

Cost effects will focus on the cost per visit in various outpatient clinics at NMCSD. Aggregate cost data will be obtained using information contained in MEPRS. The prior two years will be compared to 1999 to determine operational cost impacts relating to this program. The visit codes for TSP enrollees will be obtained from data available in TPOCS and CHCS.

The result of this financial analysis will be to determine the net profit or loss of the Medicare Subvention program at NMCSD.

II. MEDICARE SUBVENTION

A. OVERVIEW

The purpose of Medicare subvention is to allow Medicare to reimburse DoD for treatment provided to Medicare-eligible retirees and their family members [Ref. 7]. This was made possible by the enactment of the Balanced Budget Act of 1997. The legislation authorized a three-year demonstration project at six different sites [Ref. 1]. This program became necessary because military retirees age 65 and older have found it increasing difficult to obtain care in the MHS. This has resulted from an increasing retired population and decreasing MHS capabilities.

B. TRICARE SENIOR PRIME (TSP)

TRICARE Senior Prime (TSP) is the DoD managed care program for dual-eligible military beneficiaries. The term "dual-eligible" refers to military retirees and their beneficiaries who are eligible for both Medicare and care in the MHS [Ref. 2]. This program operates like other commercial Medicare Health Maintenance Organizations (HMO) and must provide all of the benefits required under Part C of title XVIII of the Social Security Act [Ref. 8].

The TSP program is open to both military retirees and their dependents. These individuals are required to meet certain eligibility requirements before enrolling in TSP. These requirements include being eligible for Medicare Part A, enrolled in Medicare Part B, 65 or older, and have received care in the MHS before July 1, 1997 [Ref. 8]. Medicare Part A covers hospital, nursing home and hospice care, while Medicare Part B covers physician services, outpatient care and medical supplies [Ref. 9].

Enrollment in TSP is voluntary, but only a limited number of individuals may enroll per catchment area. A catchment area is defined as a 40-mile radius around an MTF [Ref. 3]. The demonstration site at Naval Medical Center, San Diego (NMCSD) has a total of 35,619 dual-eligible beneficiaries and an enrollment ceiling of 4000 [Ref. 3]. As of June 3, 1999, enrollment at NMCSD was 3010 [Ref. 10].

C. PROGRAM BENEFITS

The goal of the TSP program is to provide a cost-effective alternative for delivering health care to dual-eligible military beneficiaries [Ref. 5]. The program is designed to provide benefits to each of the parties involved.

The dual-eligible military beneficiaries benefit by obtaining access to the MHS, which they have been promised as part of their military service. The enrollment fee for the first year of the program has been waived so there is no initial cost to join the program [Ref. 2]. Enrollees receive the additional benefits of outpatient pharmacy services and preventive services that are not a part of Medicare.

The Department of Defense benefits in several ways. The primary benefit is that DoD receives reimbursement from Medicare for dual-eligible retirees once a predetermined "level of effort" (LOE) is achieved. The LOE is the historic amount that the MHS has spent on dual-eligible military retirees. The baseline LOE for each demonstration site was determined using FY96 expenditures for those test sites. The calculation of LOE excludes expenditures for Graduate Medical Education (GME), outpatient pharmacy services, and 67 percent of capital expenditures. The LOE for NMCSD is $27 million. [Ref. 2]

A second benefit is that the MHS is able to use excess capacity available in the system. This helps maintain existing infrastructure to meet readiness requirements and enhances the medical training programs at the MTF [Ref. 5].

Medicare is the third party that is expected to benefit from this program. They are now able to treat the MHS as a risk-type HMO like other commercial Medicare+Choice plans. The benefit to Medicare is that it pays DoD 95 percent of the county-based rate it would normally pay to commercial HMOs [Ref. 1]. These payments are made only after DoD achieves the predetermined LOE. Medicare payments to DoD are capped at $50 million for year one, $60 million for year two, and $65 million for year three of the demonstration project [Ref. 2].

D. REIMBURSEMENT

The reimbursement process for this demonstration project contains several essential components, each of which will be discussed in this section. Reimbursements by HCFA to DoD are contingent on both enrollment in TSP and expenses incurred treating dual-eligible retirees in the MHS.

Reimbursement by HCFA to DoD will be at a modified per capita rate. This rate is 95 percent of the Medicare+Choice rate for the county where the demonstration site is located. This rate varies from month to month and will be multiplied by the number of TSP enrollees in a given month. Reimbursement will be calculated for each of the six demonstration sites on a monthly basis. The cap on

reimbursements from HCFA to DoD will be based on the total for all six demonstration sites. [Ref. 2]

Reimbursement by HCFA will be accomplished through interim monthly payments. These interim monthly payments are initiated once a prorated percentage of the LOE is achieved. For 1999, that threshold is 30 percent. Each site has a different LOE based on historic expenditures. The LOE will remain constant for the three-year demonstration project and is prorated for 1999 based on the actual start of the program. The LOE for Naval Medical Center, San Diego is $27 million. Interim payments are made by HCFA to the DoD Office of Health Affairs, which distributes these funds to the individual test sites.

The total reimbursements by HCFA to DoD are capped for each year of the demonstration project. The cap is designed to limit the risk to the Medicare Trust Fund. The MHS is required to continue to provide care to TSP enrollees even after the cap is achieved. The total caps are $50 million for year one, $60 million for year two, and $65 million for year three. [Ref. 2]

E. RECONCILIATION

The interim payments provided by HCFA to DoD are not the end of the reimbursement process. At the end of each

demonstration year, HCFA and DoD conduct a formal reconciliation process to determine if reimbursement amounts are appropriate. This process examines several important factors.

The LOE consists of expenditures related to TSP enrollees and those related to dual-eligible retirees not enrolled in TSP. Expenses related to space-available care, provided to non-enrolled beneficiaries, are capped for each demonstration year. Once this cap is reached, none of these expenses can be counted towards the total level of effort. This cap is based on the combined LOE for all six test sites, while the interim payments are based on LOE at each individual site. [Ref. 2]

The combined LOE is key in determining if individual test sites will be allowed to retain the interim payments received from HCFA. The demonstration project, as a whole, must achieve both the combined LOE and the TSP enrollee threshold for any site to be eligible to retain interim reimbursements. The TSP enrollee thresholds are 30 percent for year one, 40 percent for year two, and 50 percent for year three. These combined six-site thresholds must be met for any of the individual sites to be eligible for reimbursement from HCFA. [Ref. 2]

Once it has been determined that the combined LOE has been achieved, the amount of reimbursement is examined. The interim payments received by DoD from HCFA may be adjusted up or down, based on two factors. The capitated rate per enrollee can be adjusted based on the level of risk assigned to each enrollee. For example, DoD would receive a higher rate per TSP enrollee if it were determined that TSP enrollees were in a higher risk category than non-enrollees. [Ref. 2]

The other factor affecting reimbursement is determining the accuracy of gross monthly payments. This total may be adjusted up or down depending on verification of final LOE calculations. The reconciliation process is estimated to be completed six months after the end of each demonstration year. [Ref. 2]

F. DEMONSTRATION SITE ISSUES

There are several important issues related to the TSP program that directly affect the operations at each test site. These issues will be discussed in this section and are relevant to each one of the TSP demonstration sites.

The first issue concerns the distribution and timing of funds received by DoD from HCFA. Interim payments by HCFA to DoD go to the TRICARE Management Activity (TMA) and not

the individual test sites. DoD has not indicated how or when the interim payments will be issued to the individual test sites. This requires the sites to fund the demonstration project out of appropriated funds until reimbursement is received from TMA. [Ref. 3]

Two issues related to the disbursement process are reconciliation and liability for network claims. As mentioned in the previous section, the reconciliation process will take roughly six months and will determine the final reimbursement to DoD for the prior demonstration year [Ref. 3]. This means the individual test sites will not know until halfway through the next fiscal year what their actual TSP reimbursement will be.

The other disbursement issue is test site liability for network claims relating to TSP enrollees. Certain Medicare benefits such as home health care and skilled nursing care are not available at the MTF. These two services alone account for one-seventh of the Medicare cost per beneficiary [Ref. 3]. These services, along with other referrals, must be obtained through commercial providers outside the MHS. The claims associated with the TSP demonstration project are being paid by TMA. The paid claims amounts are deducted from Medicare revenues earned by each site. This further reduces the reimbursement individual sites can expect and

can potentially result in a negative cash flow for any given site.

How Medicare reimbursements are issued to the demonstration sites is closely related to the cost impact of the TSP program. The cost to treat TSP enrollees is highly dependent on their overall level of health.. This level of health drives the type and frequency of health care services provided to each TSP enrollee. A significant percentage of high-risk TSP enrollees would result in an increase in operational cost for the MTF. A risk-adjustment method for TSP enrollees has yet to be determined by HCFA and DoD [Ref. 3].

The timing of reimbursement combined with the operational cost of the demonstration project imposes budget pressures on each test site. The additional cost associated with TSP enrollees can limit the ability of the MTF to provide care to other beneficiaries. Dual-eligible retired beneficiaries not enrolled in TSP would be the first group affected. These individuals are only eligible for space-available care and are last on the priority list for access to the MHS. [Ref. 3]

The next issue is the impact of the TSP program on Third Party Collection (TPC) revenues. The TPC program allows the MHS to bill commercial insurance companies for

care provided to covered beneficiaries [Ref. 11]. Surveys indicate that approximately 50 percent of dual-eligible military retirees have private health insurance [Ref. 4]. The MTF is authorized to bill the private insurance companies of TSP enrollees [Ref. 12]. This other health insurance is carried in additional to a Medicare HMO policy. Enrollees in TSP agree to use TRICARE as their Medicare HMO [Ref. 2]. The number of TSP enrollees that have other health insurance will affect TPC revenues. The number of TSP enrollees that have dropped their private health insurance will also affect these revenues.

The other impact on TPC revenues will come from dual-eligible military retirees that are not enrolled in TSP. This group will affect TPC revenues if they are no longer able to obtain space-available care. As mentioned before, this group has the lowest priority for access to the MHS and is the first group affected if MTF operating capacity is exhausted.

The TSP demonstration project has an impact on both cost and revenues at each demonstration site. This chapter has highlighted how the program will work and has addressed the financial ramifications. The next chapter will detail the methodology used to analyze the financial issues that affect a demonstration site. Naval Medical Center, San

Diego will be the focus of this analysis but it will be applicable to all test sites in the demonstration project.

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III. METHODOLOGY

A. OVERVIEW

The methodology used in this thesis will be in the deductive mode using archival research. Deduction is the process by which a hypothesis is tested. I will test the hypothesis that TSP is a cost-effective program.

Archival research is concerned with the examination of recorded facts. This research will examine actual cost and revenue data from Naval Medical Center, San Diego (NMCSD). The data was obtained from the Third Party Outpatient Collections System (TPOCS), the Composite Health Care System (CHCS), and the Medical Expense and Performance Reporting System (MEPRS). These systems would be classified as secondary archival domains. The formal technique of sampling will be used to analyze the data. The research is designed to determine what impact the TSP program is having on operating revenues at NMCSD. [Ref. 13]

B. SOURCES OF DATA

The data used in this research was obtained from archival records at NMCSD. The sources for this data were TPOCS, CHCS, and MEPRS. Data from fiscal years 1997, 1998, and 1999 were used for the analysis. Outpatient revenue

information was obtained by extracting actual paid claims from TPOCS. Inpatient revenues were obtained by matching 65 and over admissions from CHCS with third party claims information. Cost information was generated using cost per outpatient visit and cost per occupied bed day from MEPRS.

C. SYSTEMS OVERVIEW

There are several medical information management systems that are being used in connection with this thesis. This section will provide a brief description of the systems that were used.

The Third Party Outpatient Collection System (TPOCS) is an accounting system used to process third party insurance billings and payments. It contains outpatient encounters for beneficiaries of the MHS that carry other health insurance. Data fields include patient social security number, date of birth, control number (visit), amount billed, amount paid, and MEPRS code (clinic identification). The MEPRS system will be explained in a subsequent paragraph. Data obtained from TPOCS provided outpatient revenue and clinic visit information for beneficiaries age 65 and older who have other health insurance. [Ref. 14]

The Composite Health Care System (CHCS) is an automated medical information system that provides comprehensive

patient information. The functions include patient registration, admissions, outpatient data, and clinical information. This system was used to obtain inpatient admissions and treatment data for TSP enrollees. An ad hoc report was generated to obtain inpatient admissions data for all military beneficiaries age 65 and older for fiscal years 1997, 1998, and 1999. [Ref. 15]

The Medical Expense and Performance Reporting System (MEPRS) contains standardized expense, manpower, and workload data for MTFs within DoD. This system is used to summarize cost and workload data in order to determine cost of operations. The MEPRS codes obtained from TPOCS were used to determine outpatient costs associated with the TSP program. This analysis was limited to the TSP beneficiaries who have other health insurance. This was the initial step in determining the cost impact of the TSP program at NMCSD. [Ref. 16]

The MHS uses MEPRS as their cost accounting system. This system provides the ability to determine the average cost per visit at an individual outpatient clinic. The system also provides cost per occupied bed day for inpatient admissions. Cost information from this system was used in conjunction with MEPRS data obtained from TPOCS to determine outpatient costs associated with the TSP demonstration

project. Inpatient costs associated with TSP were calculated using MEPRS cost data and CHCS inpatient data. [Ref. 16]

The other sources of information were various internal tracking reports prepared by the Business Office of NMCSD. These reports included TSP enrollment data, third party collection summaries, and inpatient claims information. These reports provided a starting point by which to track TSP enrollee activity.

D. REVENUE ANALYSIS

To evaluate the data collected I used the process of differential analysis. Differential analysis is the process of estimating revenues and costs of alternatives and then comparing them to the status quo [Ref. 17]. The focus of this analysis is to compare TPC revenues before and after the implementation of TSP. Data from fiscal years 1997 and 1998 will be compared to fiscal year 1999 data, which is the first year of the TSP demonstration project.

1. Inpatient Revenue Analysis

The first part of the revenue analysis concerns the effect of TSP on inpatient revenues. This analysis compares the TPC inpatient revenues of TSP enrollees for fiscal years 1997 through 1999. The actual TSP enrollment listing is used as the basis for this analysis. These beneficiaries

are matched against admissions in CHCS to determine the actual number of inpatient encounters. This admissions information is then used to determine inpatient collections for these individuals for each fiscal year. Total revenues and average revenue per admission for fiscal years 1997 and 1998 are compared against the same categories for 1999. This analysis will identify changes in TPC inpatient revenues since the inception of the TSP program.

The inpatient analysis will also include a comparison of TSP admissions to all 65 and older admissions for the years 1997 through 1999. This analysis will determine the percentage change of TSP admissions by comparing 1997 and 1998 with 1999.

2. Outpatient Revenue Analysis

The second part of the revenue analysis concerns the effect of TSP on TPC outpatient revenues. This analysis is broken into two parts. The first part is a differential analysis of TPC outpatient revenues related to TSP enrollees. This analysis begins with the TSP enrollment listing. Actual enrollees are matched against the TPOCS database to determine which ones have other health insurance. This process produces actual paid TPC claims for these individuals for fiscal years 1997 through 1999. Total

revenues and average revenue per visit for fiscal years 1997 and 1998 are compared against the same information for 1999.

The second part of the outpatient revenue analysis looks at the effect of TSP on the 65 and older population who have other health insurance but are not enrolled in TSP. This analysis compares TPC outpatient revenues for 1997 and 1998 against 1999 using the entire 65 and older retired population that has other health insurance. The purpose of this portion of the analysis is to determine what effect TSP is having on TPC outpatient revenues related to dual-eligible beneficiaries not enrolled in the program.

3. Subsistence Revenue Analysis

The final part of the revenue analysis determines lost revenues from inpatient subsistence charges. Subsistence is an inpatient per day charge that covers meals and other incidental expenses. This charge was waived for TSP enrollees as part of the demonstration project [Ref. 2]. Total inpatient subsistence charges associated with TSP enrollees will be identified.

E. COST ANALYSIS

To evaluate the cost impacts of the TSP program I used differential cost analysis combined with activity-based costing. Activity-based costing is a costing method that

assigns costs to activities in order to calculate the total cost of a product or service. The product in this case is the TSP demonstration project and the activities are inpatient admissions and outpatient clinic operations. Activity-based costing uses a cost driver to calculate total costs. A cost driver is a factor that causes an activity's cost. The inpatient cost driver is occupied bed days and the outpatient cost driver is clinic visits. [Ref. 17]

1. Inpatient Cost Analysis

Inpatient cost for the TSP program is determined by multiplying the cost per occupied bed day by the number of inpatient days for TSP enrollees. This rate varies based on the type of admission (e.g., surgical, medical, orthopedic, etc.). Inpatient admissions data for TSP enrollees was obtained from CHCS. The inpatient costs related to TSP enrollees are calculated for fiscal years 1997 through 1999. Fiscal years 1997 and 1998 are compared to 1999 to determine the impact of the TSP program.

2. Outpatient Cost Analysis

The outpatient cost analysis is limited to TSP enrollees that have other health insurance. Outpatient costs for the TSP program are determined by multiplying the average cost per visit by the total number of visits. The average cost is different for each clinic and was obtained

from MEPRS. The outpatient visit data for TSP enrollees was obtained using MEPRS codes available in TPOCS. The outpatient costs related to TSP enrollees with other health insurance are calculated for fiscal years 1997 through 1999. Fiscal years 1997 and 1998 are compared to 1999 to determine the impact of the TSP program. The costs associated with TSP enrollees who have other health insurance will be used to make projections about the entire TSP beneficiary population.

F. SUMMARY

It should be pointed out that both the cost per occupied bed day and the average cost per outpatient visit is derived from aggregate cost information contained in MEPRS. This cost data includes Graduate Medical Education (GME), outpatient pharmacy expenses, and capital expenditures that are excluded from the LOE calculation. The consistent use of this data for fiscal years 1997, 1998, and 1999 allows for a representative cost analysis of the TSP demonstration project at NMCSD. This cost analysis is for comparison purposes only and is not intended to represent actual cost incurred in the implementation of TSP at NMCSD.

The cost and revenue analysis is based on information related to the TSP demonstration project at NMCSD. This chapter explained the methodology that will be used to perform this analysis. The next chapter will provide the details of the actual analysis and projections based on the results. The data used in both the cost and revenue analysis covers the period from October 1, 1996 through July 31, 1999.

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IV. DATA ANALYSIS

A. OVERVIEW

This chapter will present the results of the data analysis of the TRICARE Senior Prime demonstration project at Naval Medical Center, San Diego (NMCSD). Revenue and cost data for fiscal years 1997 through 1999 was used for this analysis. The outpatient analysis was limited to beneficiaries age 65 and older who have other health insurance. The inpatient analysis included all beneficiaries age 65 and older who were admitted to NMCSD. Projections for the last month of fiscal year 1999 were made based on actual data from the first eleven months of the fiscal year. Projected outpatient collections for billings in fiscal year 1999 were based on average collection rates from fiscal year 1998.

B. REVENUE ANALYSIS

This revenue analysis presents data from fiscal years 1997 through 1999. The insurance industry changed the way they treated MTFs in 1998. Military treatment facilities are now considered the secondary payer to Medicare. This means that MTFs are only entitled to the Medicare deductible of $760 for inpatient admissions and 20 percent of the

Medicare allowable charge for outpatient visits [Ref. 18]. This policy change reduced collections and increased write-offs beginning in 1998, primarily on the outpatient side. It had little impact on inpatient revenues since military MTFs were already treated as a secondary payer to Medicare for inpatient admissions.

1. Inpatient Revenue Analysis

The first part of the inpatient revenue analysis examines revenues associated with TSP enrollees. Appendix A provides a breakdown of inpatient revenues for fiscal years 1997 through 1999. Admissions for the TSP population increased 58 percent between 1997 and 1998. There was also a seven percent increase between 1998 and 1999. The percentage of TSP enrollee admissions compared to total over 65 admissions increased from 32 percent in 1997 to 48 percent in 1999.

Total revenues for this population rose by $756,449 between 1997 and 1998, then decreased by $594,504 from 1998 to 1999. The percentage of TSP revenues compared to total inpatient revenues rose from 28 percent in 1997 to 45 percent in 1999. The average revenue per TSP admission increased by $203 from 1997 to 1998 then decreased by $1,051 between 1998 and 1999. Average TSP revenues per admission

were consistently below total average revenues per admission for all three fiscal years.

The second part of the inpatient revenue analysis looks at revenues associated with beneficiaries age 65 and older who are not enrolled in TSP. This population experienced a 22 percent increase in admissions between 1997 and 1998. It then experienced a 31 percent decrease in admissions between 1998 and 1999. Admissions for this group, as a percentage of the total 65 and older population, steadily declined from 68 percent in 1997 to 52 percent in 1999. The largest decline occurred between 1998 and 1999 when admissions dropped 10 percent.

Total revenues and average revenue per admission have also declined over the same period. Total revenues decreased by $107,069 between 1997 and 1998 and then dropped an additional $1.2 million between 1998 and 1999. The decrease from 1998 to 1999 represents a 45 percent decline in revenues for this population in one year. The average revenue per admission has declined over the three-year period but has been consistently larger than the averages for TSP enrollees. The lost revenues from this population account for 67 percent of the $1.8 million decrease in 65 and older inpatient revenues from 1998 and 1999.

2. Outpatient Revenue Analysis

The first part of the outpatient revenue analysis looks at TPC revenues for TSP enrollees who have other health insurance. Appendix B provides a detailed breakdown of TPC billings, collections, and write-offs related to TSP enrollees for fiscal years 1997 through 1999. It should be emphasized that TSP did not begin until fiscal year 1999 and the data is presented in this format for comparison purposes only.

The data shows there was a nine percent increase in TSP visits from fiscal year 1997 to fiscal year 1998. A slight increase in visits occurred between fiscal years 1998 and 1999 but billings actually dropped by one percent. Projected collections for TSP enrollees for fiscal year 1999 are expected to decline by less than $1,000 from amounts collected in fiscal year 1998. This amount would be considered insignificant based on total collections for TSP enrollees of $189,850.

The second part of the outpatient revenue analysis examines TPC revenues related to 65 and older beneficiaries not enrolled in TSP. This population had total outpatient visits in fiscal years 1997 and 1998 that were four times that of TSP enrollees. Appendix C provides a detailed

breakdown of TPC billings, collections, and write-offs for this population for fiscal years 1997 through 1999.

The data indicates a significant drop in the number of non-TSP visits from fiscal year 1998 to 1999. This decline of over 2,000 visits represents a 19 percent decrease and a corresponding billing reduction of six percent. Based on the reduction in the amount billed for fiscal year 1999 of $89,201, it is projected that collections will decline by over $44,000 from 1998 to 1999. This results in a seven percent reduction in revenues for non-TSP enrollees from fiscal year 1998 to 1999.

3. Subsistence Revenue Analysis

As part of the TSP demonstration project, inpatient subsistence charges are waived for TSP enrollees [Ref. 2]. Subsistence charges cover meals and other incidental expenses for inpatient stays. The rate for military retirees for fiscal year 1999 is $10.45 per day. The reduction in revenues for NMCSD in fiscal year 1999 is approximately $18,700. This covers the nine-month period from January through September 1999, which is when the policy was implemented. Annual projected revenue loss after fiscal year 1999 is estimated to be $25,000.

C. COST ANALYSIS

The cost analysis performed used actual inpatient admissions and outpatient visits for fiscal years 1997 through 1999. Inpatient costs were obtained from actual charges accrued in CHCS. Outpatient costs were generated using actual visits multiplied by cost per visit data contained in MEPRS. The inpatient analysis included all military beneficiaries age 65 and older who were admitted in fiscal years 1997 through 1999. The outpatient analysis is limited to military beneficiaries age 65 and older who have other health insurance and who received outpatient treatment in fiscal years 1997 through 1999.

1. Inpatient Cost Analysis

The first part of the inpatient cost analysis looks at costs associated with TSP enrollees. Appendix A provides a breakdown of inpatient cost information for fiscal years 1997 through 1999. Total costs and average cost per admission have experienced a steady increase from 1997 to 1999. Total cost increases correlate with the percentage increase in TSP admissions over the same period. The percentage change in total costs for TSP enrollees is slightly higher than the percentage change in admissions for the same population. The average cost per admission rose

eight percent between 1997 and 1998 and four percent from 1998 to 1999.

The second part of the inpatient cost analysis looks at military beneficiaries age 65 and older who are not enrolled in TSP. This group also experienced total cost changes that correspond to changes in total admissions. Total costs increased by 28 percent between 1997 and 1998, then decreased by 28 percent between 1998 and 1999. Total cost percentages for this population declined over the three-year period as TSP enrollee costs increased. The increases in the average cost per admission of five percent in 1998 and four percent in 1999 are in line with the total average cost increases for the entire 65 and older population.

2. Outpatient Cost Analysis

The first part of the outpatient cost analysis examined TSP enrollees who have other health insurance. Appendix D provides detailed outpatient cost information for fiscal years 1997 through 1999. There was a 10 percent increase in total visits for the TSP population between fiscal years 1997 and 1998. The average cost per visit increased by 15 percent over the same period, resulting in a total cost increase of 27 percent.

The number of outpatient visits stayed relatively stable between 1998 and 1999 with only a one percent

increase. The average cost per visit over the same period increased by 32 percent. Internal medicine visits account for the bulk of this increase, with such visits increasing by 56 percent. Internal medicine visits accounted for nearly 25 percent of total visits in 1999. The total cost increase of $152,953 from 1998 to 1999 is primarily attributable to increased costs rather than increased outpatient activity.

The second part of the outpatient cost analysis examines military beneficiaries age 65 and older who have other health insurance but are not enrolled in TSP. This population reflected a stable level of outpatient activity in fiscal years 1997 and 1998. Total cost increases for this period were attributable to increases in the average cost per visit rather than increases in the number of outpatient visits.

This population did experience a significant decrease in outpatient visits between 1998 and 1999. Total visits declined by 15 percent while average cost increased by 33 percent. Significant drops occurred in primary care, cardiology, otolaryngology and radiation therapy. Substantial increases did occur in orthopaedics, physical therapy and vascular surgery. An increase in the cost per

visit rather than an increase in the number of outpatient visits drove the total cost increase of $206,162.

D. SUMMARY

This chapter has examined some of the significant changes in costs and revenues associated with the 65 and older military beneficiary population at NMCSD. It should be mentioned again that the inpatient analysis includes the entire beneficiary population while the outpatient analysis relates to the portion of this population that has other health insurance. It should be noted that costs were calculated using the best available data and do not represent actual costs incurred. Billings and collections data do represent actual revenues except for the projections made for the last month of fiscal year 1999.

The last chapter will be used to draw conclusions based on the data analysis performed in this chapter. These conclusions will relate to the financial impact of the Medicare Subvention demonstration project at NMCSD. I will also make recommendations concerning what additional analysis needs to be performed in order to thoroughly evaluate this program.

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V. CONCLUSIONS & RECOMMENDATIONS

A. CONCLUSIONS

This chapter will draw conclusions based on the data analysis presented in chapter four and appendices A through E. The conclusions will concern the financial impact of the Medicare Subvention demonstration project at NMCSD. The conclusions will examine the revenue and cost implications of TSP. The inpatient and outpatient impacts relating to both the TSP and non-TSP beneficiary populations will also be addressed.

1. Revenue Implications

Inpatient and outpatient TPC revenues relating to the age 65 and older beneficiary population dropped significantly from fiscal year 1998 to 1999. Inpatient revenues declined $1.8 million, while outpatient revenues decreased by $45,000.

a) Inpatient Revenues

The $1.8 million decline in TPC inpatient revenues between 1998 and 1999 was comprised of a 33 percent decrease in TSP enrollee revenue and a 67 percent decrease in non-TSP revenue. The 45 percent or $1.2 million reduction in revenues for military beneficiaries not enrolled in TSP can

be attributed to two factors. There was a 31 percent decrease in admissions between 1998 and 1999 and a decline in revenue per admission of 20 percent.

The 32 percent or $594,504 reduction in TSP inpatient revenues is the result of a decline in revenue per admission between 1998 and 1999. One possible reason for the 37 percent or $1,051 reduction in revenue per admission is that many TSP enrollees dropped their other health insurance after enrolling in TSP. This would help explain the significant reduction in revenues in 1999 even through admissions for TSP enrollees increased by seven percent.

b) Outpatient Revenues

Outpatient revenues declined just over $45,000 between 1998 and 1999. The 65 and older beneficiary population not enrolled in TSP accounted for 98 percent of this reduction. This can tied to the 19 percent reduction in outpatient visits this group experienced from 1998 to 1999. Nearly all of the non-TSP revenue decrease can be traced to declines in primary care, family practice, NAVCARE and pharmacy visits.

Outpatient revenues for TSP enrollees decreased by only $972 from 1998 to 1999. This is insignificant considering total TPC revenues for beneficiaries age 65 and

older totaled $813,000 for fiscal year 1999. Fiscal year 1999 billings and collections relating to TSP enrollee outpatient visits were within one percent of their 1998 levels.

c) Conclusion

It is estimated that $945,552 or 51 percent of the $1,845,080 revenue reduction from fiscal year 1998 to 1999 is attributable to the TSP program. Appendix E provides a breakdown of the TSP revenue analysis. The revenue reduction comes from two inpatient sources and one outpatient source. The TSP enrollees who dropped their other health insurance account for $327,530 of the inpatient revenue loss. Part of this loss was recouped through an increase in TSP admissions during 1999, which resulted in a revenue gain of $100,892. A decline in admissions for non-TSP beneficiaries accounts for $673,463 of the inpatient revenue loss. A decrease in outpatient visits for non-TSP enrollees accounts for $44,479 and the majority of the outpatient revenue loss.

2. Cost Implications

Total cost changes relating to the 65 and older beneficiary population are closely related to the level of inpatient and outpatient activity. Average costs per

admission and per visit were approximately the same for both the TSP and non-TSP beneficiary populations. All costs presented are based on total aggregate costs and do not reflect actual costs incurred.

a) Inpatient Costs

Inpatient costs experienced increases and decreases over the three-year period, reflecting average cost increases and changes in the level of admissions. Total costs for TSP enrollees increased by 11 percent or $786,331 between 1998 and 1999. This cost increase is consistent with the seven percent increase in admissions and the four percent increase in the average cost per visit over the same period.

Total costs for the 65 and older beneficiaries not enrolled in TSP experienced a substantial decrease of $3,236,850 from 1998 to 1999. This 28 percent decrease represents a 31 percent drop in admissions combined with a four percent increase in the average cost per admission. The changes in the average cost per admission for TSP and non-TSP beneficiaries are consistent with the change in the average cost per admission for the total 65 and older beneficiary population.

b) Outpatient Costs

Outpatient costs experienced significant increases for both the TSP and non-TSP beneficiary populations over the three-year period. The average cost per visit for TSP enrollees rose by 15 percent in 1998 and 32 percent in 1999. The total cost increase from 1998 to 1999 was 33 percent or $152,953. This is consistent with the cost per visit increase considering that total visits only increased by one percent over the same period.

Cost increases for the 65 and older beneficiaries not enrolled in TSP followed the same pattern. The average cost per visit increased by 12 percent in 1998 and 33 percent in 1999. Total costs increased by 14 percent or $206,162 between 1998 and 1999. The difference between the total cost and average cost changes is due to the fact that total visits decreased by 15 percent from 1998 to 1999.

c) Conclusion

The total inpatient cost decrease in fiscal year 1999 of $2,450,519 can be attributed to the implementation of TSP. Appendix A provides a detailed breakdown of inpatient costs. Two factors make it difficult to draw firm conclusions about outpatient costs. First, inconsistencies in the outpatient cost data, including substantial cost

increases from year to year, cause me to question the accuracy of this data. Second, due to the lack of outpatient data for the entire 65 and older beneficiary population, it is difficult to determine the true outpatient cost impact of the TSP program at NMCSD.

d) Summary Conclusion

Based on the cost and revenue analysis that was performed, it appears that the Medicare Subvention demonstration project actually lowered operating costs at NMCSD by approximately $1.5 million in fiscal year 1999. This does not take into account the outpatient cost impact of the 65 and older beneficiaries who do not have other health insurance. The $945,552 loss of TPC revenues in fiscal year 1999 is offset by the $2.5 million decrease in inpatient costs for the entire 65 and older beneficiary population.

These conclusions do not take into consideration any reimbursement the MTF may receive from Medicare based on TSP enrollment.

B. RECOMMENDATIONS

This research was the first step in determining the financial impact of the Medicare Subvention demonstration project at Naval Medical Center, San Diego (NMCSD). It was

not designed to encompass all aspects of this project and should not be used as a complete evaluation of TRICARE Senior Prime (TSP). Several other areas need to be addressed in order to make an accurate evaluation of this program. The following areas should be examined in future research in order to obtain a more detailed analysis.

The entire 65 and older beneficiary population should be examined to determine actual outpatient visit activity. This will enable the researcher to obtain an accurate cost impact of TSP compared to the entire beneficiary population.

Inpatient and outpatient costs should be analyzed at the procedure level to obtain more precise cost information. The researcher may want to limit this analysis to specific outpatient clinics or TSP enrollees in order to limit the scope of this analysis.

The TSP population should be surveyed to determine the actual percentage that dropped their other health insurance. This process will provide a more accurate determination of revenue changes related to TSP enrollees.

Data should be collected concerning the average length of stay for inpatient admissions. This would allow for a comparison between TSP and non-TSP beneficiary populations. This average length of stay information could also be

compared to the average length of stay for NMCSD, as a whole.

The outpatient data in this analysis could be used to analyze the changes in visit mix between the different outpatient clinics. This ties into the analysis by procedure previously mentioned and will help determine where the greatest financial changes are occurring.

The key to analyzing any of the above mentioned areas is the ability of the researcher to obtain the most accurate data available. The accuracy of the data will ensure the reliability of the analysis.

APPENDIX A

INPATIENT COST & REVENUE ANALYSIS
(Actual Totals)

TRICARE SENIOR PRIME ENROLLEES

FISCAL YEAR	NUMBER OF ADMITS	PCT. OF TOTAL ADMITS	TOTAL COSTS	PCT. OF TOTAL COSTS	AVG. COST PER ADMISSION	TOTAL REVENUES	PCT. OF TOTAL REVENUES	AVG. REV. PER ADMISSION
1997	407	32%	$ 4,214,140	32%	$ 10,354	$ 1,083,701	28%	$ 2,663
1998	642	38%	$ 7,205,713	38%	$ 11,224	$ 1,840,150	40%	$ 2,866
1999	686	48%	$ 7,992,044	49%	$ 11,647	$ 1,245,646	45%	$ 1,815

MILITARY BENEFICIARIES AGED 65 AND OLDER NOT ENROLLED IN TRICARE SENIOR PRIME

FISCAL YEAR	NUMBER OF ADMITS	PCT. OF TOTAL ADMITS	TOTAL COSTS	PCT. OF TOTAL COSTS	AVG. COST PER ADMISSION	TOTAL REVENUES	PCT. OF TOTAL REVENUES	AVG. REV. PER ADMISSION
1997	868	68%	$ 9,028,267	68%	$ 10,401	$ 2,810,919	72%	$ 3,238
1998	1061	62%	$ 11,582,650	62%	$ 10,917	$ 2,703,850	60%	$ 2,548
1999	732	52%	$ 8,345,800	51%	$ 11,401	$ 1,498,725	55%	$ 2,047

MILITARY BENEFICIARIES AGED 65 AND OLDER TOTAL BENEFICIARY POPULATION

FISCAL YEAR	NUMBER OF ADMITS	PCT. OF TOTAL ADMITS	TOTAL COSTS	PCT. OF TOTAL COSTS	AVG. COST PER ADMISSION	TOTAL REVENUES	PCT. OF TOTAL REVENUES	AVG. REV. PER ADMISSION
1997	1275	100%	$ 13,242,407	100%	$ 10,386	$ 3,894,620	100%	$ 3,055
1998	1703	100%	$ 18,788,363	100%	$ 11,033	$ 4,544,000	100%	$ 2,668
1999	1418	100%	$ 16,337,844	100%	$ 11,520	$ 2,744,371	100%	$ 1,935

APPENDIX A

INPATIENT COST & REVENUE ANALYSIS
(Total change from prior year)

TRICARE SENIOR PRIME ENROLLEES

FISCAL YEAR	NUMBER OF ADMITS	PCT. OF TOTAL ADMITS	TOTAL COSTS	PCT. OF TOTAL COSTS	AVG. COST PER ADMISSION	TOTAL REVENUES	PCT. OF TOTAL REVENUES	AVG. REV. PER ADMISSION
1997								
1998	235	55%	$ 2,991,573	54%	$ 870	$ 756,449	116%	$ 203
1999	44	-16%	$ 786,331	-32%	$ 423	$ (594,504)	33%	$ (1,051)

MILITARY BENEFICIARIES AGED 65 AND OLDER
NOT ENROLLED IN TRICARE SENIOR PRIME

FISCAL YEAR	NUMBER OF ADMITS	PCT. OF TOTAL ADMITS	TOTAL COSTS	PCT. OF TOTAL COSTS	AVG. COST PER ADMISSION	TOTAL REVENUES	PCT. OF TOTAL REVENUES	AVG. REV. PER ADMISSION
1997								
1998	193	45%	$ 2,554,383	46%	$ 516	$ (107,069)	-16%	$ (690)
1999	-329	116%	$ (3,236,850)	132%	$ 485	$ (1,205,125)	67%	$ (501)

MILITARY BENEFICIARIES AGED 65 AND OLDER
TOTAL BENEFICIARY POPULATION

FISCAL YEAR	NUMBER OF ADMITS	PCT. OF TOTAL ADMITS	TOTAL COSTS	PCT. OF TOTAL COSTS	AVG. COST PER ADMISSION	TOTAL REVENUES	PCT. OF TOTAL REVENUES	AVG. REV. PER ADMISSION
1997								
1998	428	100%	$ 5,545,956	100%	$ 646	$ 649,380	100%	$ (386)
1999	-285	100%	$ (2,450,519)	100%	$ 488	$ (1,799,629)	100%	$ (733)

APPENDIX A

INPATIENT COST & REVENUE ANALYSIS
(Percentage change from prior year)

TRICARE SENIOR PRIME ENROLLEES

FISCAL YEAR	NUMBER OF ADMITS	PCT. OF TOTAL ADMITS	TOTAL COSTS	PCT. OF TOTAL COSTS	AVG. COST PER ADMISSION	TOTAL REVENUES	PCT. OF TOTAL REVENUES	AVG. REV. PER ADMISSION
1997								
1998	58%		71%		8%	70%		8%
1999	7%		11%		4%	-32%		-37%

MILITARY BENEFICIARIES AGED 65 AND OLDER NOT ENROLLED IN TRICARE SENIOR PRIME

FISCAL YEAR	NUMBER OF ADMITS	PCT. OF TOTAL ADMITS	TOTAL COSTS	PCT. OF TOTAL COSTS	AVG. COST PER ADMISSION	TOTAL REVENUES	PCT. OF TOTAL REVENUES	AVG. REV. PER ADMISSION
1997								
1998	22%		28%		5%	-4%		-21%
1999	-31%		-28%		4%	-45%		-20%

MILITARY BENEFICIARIES AGED 65 AND OLDER TOTAL BENEFICIARY POPULATION

FISCAL YEAR	NUMBER OF ADMITS	PCT. OF TOTAL ADMITS	TOTAL COSTS	PCT. OF TOTAL COSTS	AVG. COST PER ADMISSION	TOTAL REVENUES	PCT. OF TOTAL REVENUES	AVG. REV. PER ADMISSION
1997								
1998	34%		42%		6%	17%		-13%
1999	-17%		-13%		4%	-40%		-27%

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APPENDIX B

TRICARE SENIOR PRIME ENROLLEES
OUTPATIENT REVENUE ANALYSIS
(Summary)

		FY 97					FY 98					FY 99				
MEPRS CODE	OUTPATIENT CLINIC	TOTAL VISITS	AMOUNT BILLED	AMOUNT COLLECTED	WRITE-OFF AMOUNT	OUTSTANDING BALANCE	TOTAL VISITS	AMOUNT BILLED	AMOUNT COLLECTED	WRITE-OFF AMOUNT	OUTSTANDING BALANCE	TOTAL VISITS	AMOUNT BILLED	AMOUNT COLLECTED	WRITE-OFF AMOUNT	OUTSTANDING BALANCE
BAA	INTERNAL MEDICINE	336	$45,066	$27,807	$17,260	-$1	446	$92,560	$36,718	$52,090	$3,752	695	$116,904	$46,375	$65,790	$4,739
BAB	ALLERGY	10	$660	$312	$348	$0	10	$780	$364	$416	$0	3	$276	$129	$147	$0
BAC	CARDIOLOGY	71	$8,449	$5,578	$2,871	$0	137	$21,920	$8,994	$12,926	$0	90	$11,771	$4,830	$6,941	$0
BAF	ENDOCRINOLOGY	4	$556	$415	$280	-$139	6	$1,008	$522	$486	$0	7	$1,038	$538	$500	$0
BAG	GASTROENTEROLOGY	32	$11,102	$7,345	$3,757	$0	60	$16,607	$7,825	$8,782	$0	38	$7,227	$3,405	$3,822	$0
BAH	HEMATOLOGY	29	$5,017	$2,466	$2,551	$0	30	$8,610	$3,405	$5,205	$0	18	$4,432	$1,753	$2,679	$0
BAJ	NEPHROLOGY	15	$3,315	$2,403	$912	$0	11	$3,718	$1,588	$2,130	$0	11	$2,610	$1,115	$1,495	$0
BAK	NEUROLOGY	8	$1,336	$938	$398	$0	17	$4,177	$1,548	$2,629	$0	11	$2,130	$789	$1,341	$0
BAL	NUTRITION	19	$874	$474	$400	$0	24	$1,791	$581	$1,210	$0	38	$2,079	$674	$1,405	$0
BAM	ONCOLOGY	154	$24,332	$18,169	$6,147	$16	17	$3,825	$1,555	$2,045	$225	59	$13,052	$5,306	$6,978	$768
BAN	PULMONOLOGY	72	$13,464	$8,436	$5,028	$0	73	$20,294	$9,307	$10,987	$0	57	$11,250	$5,159	$6,091	$0
BAO	RHEUMATOLOGY	9	$1,278	$653	$625	$0	11	$1,826	$873	$953	$0	9	$1,280	$612	$668	$0
BAP	DERMATOLOGY	132	$15,244	$9,479	$5,765	$0	155	$19,220	$8,085	$11,135	$0	125	$14,170	$5,961	$8,209	$0
BAQ	INFECTIOUS DISEASE	2	$296	$148	$148	$0	1	$278	$222	$56	$0	0	$0	$0	$0	$0
BAR	PHYSICAL MEDICINE	0	$0	$0	$0	$0	3	$465	$177	$288	$0	0	$0	$0	$0	$0
BAS	RADIATION THERAPY	0	$0	$0	$0	$0	162	$22,842	$9,590	$13,252	$0	106	$16,182	$6,794	$9,388	$0
BAZ	PAIN CLINIC	6	$654	$431	$223	$0	5	$830	$432	$398	$0	0	$0	$0	$0	$0
BBA	GENERAL SURGERY	89	$24,293	$15,442	$8,851	$0	70	$17,454	$4,520	$12,934	$0	59	$17,779	$4,604	$13,175	$0
BBB	CARDIOVASCULAR	72	$12,816	$9,194	$3,622	$0	37	$7,992	$5,754	$2,238	$0	13	$2,772	$1,996	$776	$0
BBC	NEUROSURGERY	3	$630	$268	$363	-$1	15	$5,451	$2,236	$2,945	$270	0	$0	$0	$0	$0
BBD	OPTHALMOLOGY	279	$44,316	$29,345	$14,971	$0	227	$42,280	$14,765	$27,515	$0	226	$50,980	$17,803	$33,177	$0
BBF	OTOLARYNGOLOGY	84	$14,714	$12,351	$2,363	$0	69	$14,396	$8,008	$6,388	$0	80	$18,118	$10,078	$8,040	$0
BBG	PLASTIC SURGERY	6	$1,642	$1,468	$174	$0	17	$3,332	$1,883	$1,449	$0	26	$5,681	$3,210	$2,471	$0
BBH	PROCTOLOGY	0	$0	$0	$0	$0	9	$1,188	$217	$971	$0	21	$2,232	$408	$1,824	$0
BBI	UROLOGY	128	$23,040	$14,172	$8,868	$0	138	$27,462	$9,777	$17,685	$0	142	$29,636	$10,551	$19,085	$0
BBK	VASCULAR SURGERY	0	$0	$0	$0	$0	18	$3,888	$1,608	$2,280	$0	66	$12,736	$5,267	$7,469	$0
BBL	ANESTHESIOLOGY	0	$0	$0	$0	$0	8	$1,328	$498	$830	$0	0	$0	$0	$0	$0
BCB	GYNECOLOGY	35	$4,515	$2,345	$2,170	$0	34	$5,555	$2,005	$3,550	$0	32	$5,404	$1,950	$3,454	$0
BCD	BREAST CANCER	6	$1,176	$695	$481	$0	15	$3,473	$1,374	$2,099	$0	18	$5,232	$2,070	$3,162	$0
BEA	ORTHOPAEDIC	58	$9,005	$7,833	$1,172	$0	58	$10,085	$4,108	$5,977	$0	93	$21,384	$8,711	$12,673	$0
BEB	CAST	4	$268	$268	$0	$0	6	$528	$207	$321	$0	11	$960	$376	$584	$0
BEC	HAND SURGERY	18	$1,296	$810	$486	$0	6	$450	$252	$198	$0	14	$3,041	$1,703	$1,338	$0
BEF	PODIATRY	0	$0	$0	$0	$0	8	$776	$147	$629	$0	5	$508	$96	$412	$0
BFA	PSYCHIATRY	16	$2,464	$1,625	$839	$0	17	$3,247	$1,803	$1,444	$0	0	$0	$0	$0	$0
BFD	MENTAL HEALTH	0	$0	$0	$0	$0	13	$2,041	$817	$1,224	$0	33	$5,829	$2,333	$3,496	$0
BFE	SOCIAL WORK	1	$117	$117	$0	$0	1	$159	$26	$133	$0	8	$1,022	$167	$855	$0
BGA	FAMILY PRACTICE	71	$7,837	$6,009	$1,828	$0	130	$16,600	$5,239	$11,361	$0	106	$12,879	$4,065	$8,814	$0
BHA	PRIMARY CARE	350	$37,964	$19,454	$18,511	-$1	264	$33,264	$14,699	$18,565	$0	157	$19,591	$8,657	$10,934	$0
BHC	OPTOMETRY	6	$438	$292	$146	$0	8	$656	$287	$369	$0	21	$1,638	$717	$921	$0
BHD	AUDIOLOGY	10	$520	$305	$215	$0	6	$348	$162	$186	$0	14	$624	$290	$334	$0
BHF	COMMUNITY HEALTH	21	$1,575	$330	$1,245	$0	67	$5,360	$3,605	$1,755	$0	21	$1,656	$1,114	$542	$0
BHH	NAVCARE	40	$4,360	$1,847	$2,513	$0	97	$7,484	$2,335	$4,983	$166	40	$2,460	$768	$1,638	$55
BIA	EMERGENCY MEDICINE	100	$17,600	$12,179	$5,421	$0	108	$22,788	$10,721	$11,645	$422	119	$22,672	$10,666	$11,586	$420
BLA	PHYSICAL THERAPY	100	$4,700	$1,912	$2,788	$0	13	$741	$148	$593	$0	157	$8,761	$1,750	$7,011	$0
BLB	OCCUPATIONAL THERAPY	54	$3,348	$2,478	$808	$62	1	$104	$21	$83	$0	25	$2,002	$404	$1,598	$0
BLC	PHYSICAL THERAPY-NEURO	30	$1,170	$630	$540	$0	0	$0	$0	$0	$0	0	$0	$0	$0	$0
FBI	IMMUNIZATIONS	19	$304	$112	$192	$0	128	$2,560	$1,360	$1,180	$20	7	$144	$77	$66	$1
FCC	PHARMACY	48	$2,573	$670	$1,858	$45	24	$1,195	$314	$681	$200	18	$687	$181	$392	$115
FEA	AMBULANCE	1	$150	$150	$0	$0	3	$252	$140	$112	$0	0	$0	$0	$0	$0
		2,548	$354,474	$227,355	$127,138	-$19	2,763	$463,188	$190,822	$267,311	$5,055	2,799	$460,829	$189,850	$265,950	$6,097

APPENDIX B

TRICARE SENIOR PRIME ENROLLEES
OUTPATIENT REVENUE ANALYSIS
(Averages)

MEPRS CODE	OUTPATIENT CLINIC	FY 97 TOTAL VISITS	FY 97 AMOUNT BILLED	FY 97 AMOUNT COLLECTED	FY 97 WRITE-OFF AMOUNT	FY 97 OUTSTANDING BALANCE	FY 98 TOTAL VISITS	FY 98 AMOUNT BILLED	FY 98 AMOUNT COLLECTED	FY 98 WRITE-OFF AMOUNT	FY 98 OUTSTANDING BALANCE	FY 99 TOTAL VISITS	FY 99 AMOUNT BILLED	FY 99 AMOUNT COLLECTED	FY 99 WRITE-OFF AMOUNT	FY 99 OUTSTANDING BALANCE
BAA	INTERNAL MEDICINE	336	$134	$83	$51	$0	446	$208	$82	$117	$8	608	$168	$67	$95	$7
BAB	ALLERGY	10	$66	$31	$35	$0	10	$78	$36	$42	$0	3	$81	$38	$43	$0
BAC	CARDIOLOGY	71	$119	$79	$40	$0	137	$160	$66	$94	$0	79	$130	$53	$77	$0
BAF	ENDOCRINOLOGY	4	$139	$104	$70	-$35	6	$168	$87	$81	$0	6	$151	$78	$73	$0
BAG	GASTROENTEROLOGY	32	$347	$230	$117	$0	60	$277	$130	$146	$0	33	$192	$90	$101	$0
BAH	HEMATOLOGY	29	$173	$85	$88	$0	30	$287	$114	$174	$0	16	$242	$96	$147	$0
BAJ	NEPHROLOGY	15	$221	$160	$61	$0	11	$338	$144	$194	$0	10	$228	$98	$131	$0
BAK	NEUROLOGY	8	$167	$117	$50	$0	17	$246	$91	$155	$0	10	$186	$69	$117	$0
BAL	NUTRITION	19	$46	$25	$21	$0	24	$75	$24	$50	$0	33	$55	$18	$37	$0
BAM	ONCOLOGY	154	$158	$118	$40	$0	17	$225	$91	$120	$13	52	$220	$89	$117	$13
BAN	PULMONOLOGY	72	$187	$117	$70	$0	73	$278	$127	$151	$0	50	$197	$90	$107	$0
BAO	RHEUMATOLOGY	9	$142	$73	$69	$0	11	$166	$79	$87	$0	8	$140	$67	$73	$0
BAP	DERMATOLOGY	132	$115	$72	$44	$0	155	$124	$52	$72	$0	109	$114	$48	$66	$0
BAQ	INFECTIOUS DISEASE	2	$148	$74	$74	$0	1	$278	$222	$56	$0	0	$0	$0	$0	$0
BAR	PHYSICAL MEDICINE	0	$0	$0	$0	$0	3	$0	$0	$0	$0	0	$0	$0	$0	$0
BAS	RADIATION THERAPY	0	$0	$0	$0	$0	162	$0	$0	$0	$0	93	$0	$0	$0	$0
BAZ	PAIN CLINIC	6	$109	$72	$37	$0	5	$166	$86	$80	$0	0	$0	$0	$0	$0
BBA	GENERAL SURGERY	89	$273	$174	$99	$0	70	$249	$65	$185	$0	52	$299	$77	$222	$0
BBB	CARDIOVASCULAR	72	$178	$128	$50	$0	37	$216	$156	$60	$0	11	$221	$159	$62	$0
BBC	NEUROSURGERY	3	$210	$89	$121	$0	15	$363	$149	$196	$18	0	$0	$0	$0	$0
BBD	OPTHALMOLOGY	279	$159	$105	$54	$0	227	$186	$65	$121	$0	198	$225	$79	$147	$0
BBF	OTOLARYNGOLOGY	84	$175	$147	$28	$0	69	$209	$116	$93	$0	70	$226	$126	$100	$0
BBG	PLASTIC SURGERY	6	$274	$245	$29	$0	17	$196	$111	$85	$0	23	$216	$122	$94	$0
BBH	PROCTOLOGY	0	$0	$0	$0	$0	9	$0	$0	$0	$0	18	$0	$0	$0	$0
BBI	UROLOGY	128	$180	$111	$69	$0	138	$199	$71	$128	$0	124	$209	$74	$135	$0
BBK	VASCULAR SURGERY	0	$0	$0	$0	$0	18	$0	$0	$0	$0	58	$0	$0	$0	$0
BBL	ANESTHESIOLOGY	0	$0	$0	$0	$0	8	$0	$0	$0	$0	0	$0	$0	$0	$0
BCB	GYNECOLOGY	35	$129	$67	$62	$0	34	$163	$59	$104	$0	28	$169	$61	$108	$0
BCD	BREAST CANCER	6	$196	$116	$80	$0	15	$232	$92	$140	$0	16	$286	$113	$173	$0
BEA	ORTHOPAEDIC	58	$155	$135	$20	$0	58	$174	$71	$103	$0	81	$231	$94	$137	$0
BEB	CAST	4	$67	$67	$0	$0	6	$88	$35	$54	$0	10	$84	$33	$51	$0
BEC	HAND SURGERY	18	$72	$45	$27	$0	6	$75	$42	$33	$0	12	$222	$124	$98	$0
BEF	PODIATRY	0	$0	$0	$0	$0	8	$0	$0	$0	$0	4	$0	$0	$0	$0
BFA	PSYCHIATRY	16	$154	$102	$52	$0	17	$191	$106	$85	$0	0	$0	$0	$0	$0
BFD	MENTAL HEALTH	0	$0	$0	$0	$0	13	$0	$0	$0	$0	29	$0	$0	$0	$0
BFE	SOCIAL WORK	1	$117	$117	$0	$0	1	$159	$26	$133	$0	7	$128	$21	$107	$0
BGA	FAMILY PRACTICE	71	$110	$85	$26	$0	130	$128	$40	$87	$0	93	$121	$38	$83	$0
BHA	PRIMARY CARE	350	$108	$56	$53	$0	264	$126	$56	$70	$0	137	$125	$55	$70	$0
BHC	OPTOMETRY	6	$73	$49	$24	$0	8	$82	$36	$46	$0	18	$80	$35	$45	$0
BHD	AUDIOLOGY	10	$52	$31	$22	$0	6	$58	$27	$31	$0	12	$46	$21	$24	$0
BHF	COMMUNITY HEALTH	21	$75	$16	$59	$0	67	$80	$54	$26	$0	18	$81	$54	$26	$0
BHH	NAVCARE	40	$109	$46	$63	$0	97	$77	$24	$51	$2	35	$62	$19	$41	$1
BIA	EMERGENCY MEDICINE	100	$176	$122	$54	$0	108	$211	$99	$108	$4	104	$191	$90	$97	$4
BLA	PHYSICAL THERAPY	100	$47	$19	$28	$0	13	$57	$11	$46	$0	137	$56	$11	$45	$0
BLB	OCCUPATIONAL THERAPY	54	$62	$46	$15	$1	1	$104	$21	$83	$0	22	$80	$16	$64	$0
BLC	PHYSICAL THERAPY-NEURO	30	$39	$21	$18	$0	0	$0	$0	$0	$0	0	$0	$0	$0	$0
FBI	IMMUNIZATIONS	19	$16	$6	$10	$0	128	$20	$11	$9	$0	6	$21	$11	$10	$0
FCC	PHARMACY	48	$54	$14	$39	$1	24	$50	$13	$28	$8	16	$38	$10	$21	$6
FEA	AMBULANCE	1	$150	$150	$0	$0	3	$84	$47	$37	$0	0	$0	$0	$0	$0
		2,548	$139	$89	$50	$0	2,783	$166	$69	$96	$2	2,449	$165	$68	$95	$2

APPENDIX B

TRICARE SENIOR PRIME ENROLLEES
OUTPATIENT REVENUE ANALYSIS
(Total Change)

		FY 97					FY 98					FY 99				
MEPRS CODE	OUTPATIENT CLINIC	TOTAL VISITS	AMOUNT BILLED	AMOUNT COLLECTED	WRITE-OFF AMOUNT	OUTSTANDING BALANCE	TOTAL VISITS	AMOUNT BILLED	AMOUNT COLLECTED	WRITE-OFF AMOUNT	OUTSTANDING BALANCE	TOTAL VISITS	AMOUNT BILLED	AMOUNT COLLECTED	WRITE-OFF AMOUNT	OUTSTANDING BALANCE
BAA	INTERNAL MEDICINE	0	$0	$0	$0	$0	110	$47,494	$8,911	$34,830	$3,753	249	$24,344	$9,657	$13,700	$987
BAB	ALLERGY	0	$0	$0	$0	$0	0	$120	$52	$68	$0	-7	-$504	-$235	-$269	$0
BAC	CARDIOLOGY	0	$0	$0	$0	$0	66	$13,471	$3,416	$10,055	$0	-47	-$10,149	-$4,164	-$5,985	$0
BAF	ENDOCRINOLOGY	0	$0	$0	$0	$0	2	$452	$107	$206	$139	1	$30	$16	$14	$0
BAG	GASTROENTEROLOGY	0	$0	$0	$0	$0	28	$5,505	$480	$5,025	$0	-22	-$9,380	-$4,420	-$4,960	$0
BAH	HEMATOLOGY	0	$0	$0	$0	$0	1	$3,593	$939	$2,654	$0	-12	-$4,178	-$1,652	-$2,526	$0
BAJ	NEPHROLOGY	0	$0	$0	$0	$0	-4	$403	-$815	$1,218	$0	0	-$1,108	-$473	-$635	$0
BAK	NEUROLOGY	0	$0	$0	$0	$0	9	$2,841	$610	$2,231	$0	-6	-$2,047	-$759	-$1,288	$0
BAL	NUTRITION	0	$0	$0	$0	$0	5	$917	$107	$810	$0	14	$288	$93	$195	$0
BAM	ONCOLOGY	0	$0	$0	$0	$0	-137	-$20,507	-$16,614	-$4,102	$209	42	$9,227	$3,751	$4,933	$543
BAN	PULMONOLOGY	0	$0	$0	$0	$0	1	$6,830	$871	$5,959	$0	-16	-$9,044	-$4,148	-$4,896	$0
BAO	RHEUMATOLOGY	0	$0	$0	$0	$0	2	$548	$220	$328	$0	-2	-$546	-$261	-$285	$0
BAP	DERMATOLOGY	0	$0	$0	$0	$0	23	$3,976	-$1,394	$5,370	$0	-30	-$5,050	-$2,124	-$2,926	$0
BAQ	INFECTIOUS DISEASE	0	$0	$0	$0	$0	-1	-$18	$74	-$92	$0	-1	-$278	-$222	-$56	$0
BAR	PHYSICAL MEDICINE	0	$0	$0	$0	$0	3	$465	$177	$288	$0	-3	-$465	-$177	-$288	$0
BAS	RADIATION THERAPY	0	$0	$0	$0	$0	162	$22,842	$9,590	$13,252	$0	-56	-$6,660	-$2,796	-$3,864	$0
BAZ	PAIN CLINIC	0	$0	$0	$0	$0	-1	$176	$1	$175	$0	-5	-$830	-$432	-$398	$0
BBA	GENERAL SURGERY	0	$0	$0	$0	$0	-19	-$6,839	-$10,922	$4,083	$0	-11	$325	$84	$241	$0
BBB	CARDIOVASCULAR	0	$0	$0	$0	$0	-35	-$4,824	-$3,440	-$1,384	$0	-24	-$5,220	-$3,758	-$1,462	$0
BBC	NEUROSURGERY	0	$0	$0	$0	$0	12	$4,821	$1,968	$2,582	$271	-15	-$5,451	-$2,236	-$2,945	-$270
BBD	OPTHALMOLOGY	0	$0	$0	$0	$0	-52	-$2,036	-$14,580	$12,544	$0	-1	$8,700	$3,038	$5,662	$0
BBF	OTOLARYNGOLOGY	0	$0	$0	$0	$0	-15	-$318	-$4,343	$4,025	$0	11	$3,722	$2,070	$1,652	$0
BBG	PLASTIC SURGERY	0	$0	$0	$0	$0	11	$1,690	$415	$1,275	$0	9	$2,349	$1,327	$1,022	$0
BBH	PROCTOLOGY	0	$0	$0	$0	$0	9	$1,188	$217	$971	$0	12	$1,044	$191	$853	$0
BBI	UROLOGY	0	$0	$0	$0	$0	10	$4,422	-$4,395	$8,817	$0	4	$2,174	$774	$1,400	$0
BBK	VASCULAR SURGERY	0	$0	$0	$0	$0	18	$3,888	$1,608	$2,280	$0	48	$8,848	$3,659	$5,189	$0
BBL	ANESTHESIOLOGY	0	$0	$0	$0	$0	8	$1,328	$498	$830	$0	-8	-$1,328	-$498	-$830	$0
BCB	GYNECOLOGY	0	$0	$0	$0	$0	-1	$1,040	-$340	$1,380	$0	-2	-$151	-$55	-$96	$0
BCD	BREAST CANCER	0	$0	$0	$0	$0	9	$2,297	$679	$1,618	$0	3	$1,759	$696	$1,063	$0
BEA	ORTHOPAEDIC	0	$0	$0	$0	$0	0	$1,080	-$3,725	$4,805	$0	35	$11,299	$4,603	$6,696	$0
BEB	CAST	0	$0	$0	$0	$0	2	$260	-$61	$321	$0	5	$432	$169	$263	$0
BEC	HAND SURGERY	0	$0	$0	$0	$0	-12	-$846	-$558	-$288	$0	8	$2,591	$1,451	$1,140	$0
BEF	PODIATRY	0	$0	$0	$0	$0	8	$776	$147	$629	$0	-3	-$268	-$51	-$217	$0
BFA	PSYCHIATRY	0	$0	$0	$0	$0	1	$783	$178	$605	$0	-17	-$3,247	-$1,803	-$1,444	$0
BFD	MENTAL HEALTH	0	$0	$0	$0	$0	13	$2,041	$817	$1,224	$0	20	$3,788	$1,516	$2,272	$0
BFE	SOCIAL WORK	0	$0	$0	$0	$0	0	$42	-$91	$133	$0	7	$863	$141	$722	$0
BGA	FAMILY PRACTICE	0	$0	$0	$0	$0	59	$8,763	-$770	$9,533	$0	-24	-$3,721	-$1,174	-$2,547	$0
BHA	PRIMARY CARE	0	$0	$0	$0	$0	-86	-$4,700	-$4,755	$54	$1	-107	-$13,673	-$6,042	-$7,631	$0
BHC	OPTOMETRY	0	$0	$0	$0	$0	2	$218	-$5	$223	$0	13	$982	$430	$552	$0
BHD	AUDIOLOGY	0	$0	$0	$0	$0	-4	-$172	-$143	-$29	$0	8	$276	$128	$148	$0
BHF	COMMUNITY HEALTH	0	$0	$0	$0	$0	46	$3,785	$3,275	$510	$0	-46	-$3,704	-$2,491	-$1,213	$0
BHH	NAVCARE	0	$0	$0	$0	$0	57	$3,124	$488	$2,470	$166	-57	-$5,024	-$1,567	-$3,345	-$111
BIA	EMERGENCY MEDICINE	0	$0	$0	$0	$0	8	$5,188	-$1,458	$6,224	$422	11	-$116	-$55	-$59	-$2
BLA	PHYSICAL THERAPY	0	$0	$0	$0	$0	-87	-$3,959	-$1,764	-$2,195	$0	144	$8,020	$1,602	$6,418	$0
BLB	OCCUPATIONAL THERAPY	0	$0	$0	$0	$0	-53	-$3,244	-$2,457	-$725	-$62	24	$1,898	$383	$1,515	$0
BLC	PHYSICAL THERAPY-NEURO	0	$0	$0	$0	$0	-30	-$1,170	-$630	-$540	$0	0	$0	$0	$0	$0
FBI	IMMUNIZATIONS	0	$0	$0	$0	$0	109	$2,256	$1,248	$988	$20	-121	-$2,416	-$1,284	-$1,114	-$19
FCC	PHARMACY	0	$0	$0	$0	$0	-24	-$1,378	-$356	-$1,177	$155	-6	-$508	-$133	-$289	-$85
FEA	AMBULANCE	0	$0	$0	$0	$0	2	$102	-$10	$112	$0	-3	-$252	-$140	-$112	$0
		0	$0	$0	$0	$0	235	$108,714	-$36,533	$140,173	$5,074	16	-$2,359	-$972	-$1,361	$1,042

APPENDIX B

TRICARE SENIOR PRIME ENROLLEES
OUTPATIENT REVENUE ANALYSIS
(Percentage Change)

MEPRS CODE	OUTPATIENT CLINIC	FY 97 TOTAL VISITS	FY 97 AMOUNT BILLED	FY 97 AMOUNT COLLECTED	FY 97 WRITE-OFF AMOUNT	FY 97 OUTSTANDING BALANCE	FY 98 TOTAL VISITS	FY 98 AMOUNT BILLED	FY 98 AMOUNT COLLECTED	FY 98 WRITE-OFF AMOUNT	FY 98 OUTSTANDING BALANCE	FY 99 TOTAL VISITS	FY 99 AMOUNT BILLED	FY 99 AMOUNT COLLECTED	FY 99 WRITE-OFF AMOUNT	FY 99 OUTSTANDING BALANCE
BAA	INTERNAL MEDICINE	0%	0%	0%	0%	0%	33%	105%	32%	202%	-375300%	56%	26%	26%	26%	26%
BAB	ALLERGY	0%	0%	0%	0%	0%	0%	18%	17%	20%	0%	-66%	-65%	-65%	-65%	0%
BAC	CARDIOLOGY	0%	0%	0%	0%	0%	93%	159%	61%	350%	0%	-34%	-46%	-46%	-46%	0%
BAF	ENDOCRINOLOGY	0%	0%	0%	0%	0%	50%	81%	26%	74%	-100%	14%	3%	3%	3%	0%
BAG	GASTROENTEROLOGY	0%	0%	0%	0%	0%	88%	50%	7%	134%	0%	-37%	-56%	-56%	-56%	0%
BAH	HEMATOLOGY	0%	0%	0%	0%	0%	3%	72%	38%	104%	0%	-39%	-49%	-49%	-49%	0%
BAJ	NEPHROLOGY	0%	0%	0%	0%	0%	-27%	12%	-34%	134%	0%	4%	-30%	-30%	-30%	0%
BAK	NEUROLOGY	0%	0%	0%	0%	0%	113%	213%	65%	561%	0%	-33%	-49%	-49%	-49%	0%
BAL	NUTRITION	0%	0%	0%	0%	0%	26%	105%	23%	203%	0%	57%	16%	16%	16%	0%
BAM	ONCOLOGY	0%	0%	0%	0%	0%	-89%	-84%	-91%	-67%	1306%	250%	241%	241%	241%	241%
BAN	PULMONOLOGY	0%	0%	0%	0%	0%	1%	51%	10%	119%	0%	-22%	-45%	-45%	-45%	0%
BAO	RHEUMATOLOGY	0%	0%	0%	0%	0%	22%	43%	34%	52%	0%	-17%	-30%	-30%	-30%	0%
BAP	DERMATOLOGY	0%	0%	0%	0%	0%	17%	26%	-15%	93%	0%	-20%	-26%	-26%	-26%	0%
BAQ	INFECTIOUS DISEASE	0%	0%	0%	0%	0%	-50%	-6%	50%	-62%	0%	-100%	-100%	-100%	-100%	0%
BAR	PHYSICAL MEDICINE	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
BAS	RADIATION THERAPY	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
BAZ	PAIN CLINIC	0%	0%	0%	0%	0%	-17%	27%	0%	78%	0%	-100%	-100%	-100%	-100%	0%
BBA	GENERAL SURGERY	0%	0%	0%	0%	0%	-21%	-28%	-71%	46%	0%	-15%	2%	2%	2%	0%
BBB	CARDIOVASCULAR	0%	0%	0%	0%	0%	-49%	-38%	-37%	-38%	0%	-66%	-65%	-65%	-65%	0%
BBC	NEUROSURGERY	0%	0%	0%	0%	0%	400%	765%	734%	711%	-27100%	-100%	-100%	-100%	-100%	-100%
BBD	OPTHALMOLOGY	0%	0%	0%	0%	0%	-19%	-5%	-50%	84%	0%	0%	21%	21%	21%	0%
BBF	OTOLARYNGOLOGY	0%	0%	0%	0%	0%	-18%	-2%	-35%	170%	0%	16%	26%	26%	26%	0%
BBG	PLASTIC SURGERY	0%	0%	0%	0%	0%	183%	103%	28%	733%	0%	55%	70%	70%	70%	0%
BBH	PROCTOLOGY	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
BBI	UROLOGY	0%	0%	0%	0%	0%	8%	19%	-31%	99%	0%	3%	8%	8%	8%	0%
BBK	VASCULAR SURGERY	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
BBL	ANESTHESIOLOGY	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
BCB	GYNECOLOGY	0%	0%	0%	0%	0%	-3%	23%	-14%	64%	0%	-6%	-3%	-3%	-3%	0%
BCD	BREAST CANCER	0%	0%	0%	0%	0%	150%	195%	98%	336%	0%	22%	51%	51%	51%	0%
BEA	ORTHOPAEDIC	0%	0%	0%	0%	0%	0%	12%	-48%	410%	0%	60%	112%	112%	112%	0%
BEB	CAST	0%	0%	0%	0%	0%	50%	97%	-23%	0%	0%	90%	82%	82%	0%	0%
BEC	HAND SURGERY	0%	0%	0%	0%	0%	-67%	-65%	-69%	-59%	0%	129%	576%	576%	576%	0%
BEF	PODIATRY	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
BFA	PSYCHIATRY	0%	0%	0%	0%	0%	6%	32%	11%	72%	0%	-100%	-100%	-100%	-100%	0%
BFD	MENTAL HEALTH	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
BFE	SOCIAL WORK	0%	0%	0%	0%	0%	0%	36%	-78%	0%	0%	700%	543%	543%	0%	0%
BGA	FAMILY PRACTICE	0%	0%	0%	0%	0%	83%	112%	-13%	521%	0%	-18%	-22%	-22%	-22%	0%
BHA	PRIMARY CARE	0%	0%	0%	0%	0%	-25%	-12%	-24%	0%	-100%	-41%	-41%	-41%	-41%	0%
BHC	OPTOMETRY	0%	0%	0%	0%	0%	33%	50%	-2%	153%	0%	157%	150%	150%	150%	0%
BHD	AUDIOLOGY	0%	0%	0%	0%	0%	-40%	-33%	-47%	-13%	0%	129%	79%	79%	79%	0%
BHF	COMMUNITY HEALTH	0%	0%	0%	0%	0%	219%	240%	992%	41%	0%	-69%	-69%	-69%	-69%	0%
BHH	NAVCARE	0%	0%	0%	0%	0%	143%	72%	26%	98%	0%	-59%	-67%	-67%	-67%	-67%
BIA	EMERGENCY MEDICINE	0%	0%	0%	0%	0%	8%	29%	-12%	115%	0%	10%	-1%	-1%	-1%	-1%
BLA	PHYSICAL THERAPY	0%	0%	0%	0%	0%	-87%	-84%	-92%	-79%	0%	1104%	1082%	1082%	1082%	0%
BLB	OCCUPATIONAL THERAPY	0%	0%	0%	0%	0%	-98%	-97%	-99%	-90%	-100%	2414%	1825%	1825%	1825%	0%
BLC	PHYSICAL THERAPY-NEURO	0%	0%	0%	0%	0%	-100%	-100%	-100%	-100%	0%	0%	0%	0%	0%	0%
FBI	IMMUNIZATIONS	0%	0%	0%	0%	0%	574%	742%	1114%	515%	0%	-95%	-94%	-94%	-94%	-94%
FCC	PHARMACY	0%	0%	0%	0%	0%	-50%	-54%	-53%	-63%	344%	-24%	-43%	-43%	-43%	-43%
FEA	AMBULANCE	0%	0%	0%	0%	0%	200%	68%	-7%	0%	0%	-100%	-100%	-100%	0%	0%
		0%	0%	0%	0%	0%	9%	31%	-16%	110%	-26705%	1%	-1%	-1%	-1%	21%

APPENDIX C

MILITARY BENEFICIARIES AGE 65 AND OLDER
NOT ENROLLED IN TRICARE SENIOR PRIME
OUTPATIENT REVENUE ANALYSIS (Summary)

		FY 97					FY 98					FY 99				
MEPRS CODE	OUTPATIENT CLINIC	TOTAL VISITS	AMOUNT BILLED	AMOUNT COLLECTED	WRITE-OFF AMOUNT	OUTSTANDING BALANCE	TOTAL VISITS	AMOUNT BILLED	AMOUNT COLLECTED	WRITE-OFF AMOUNT	OUTSTANDING BALANCE	TOTAL VISITS	AMOUNT BILLED	AMOUNT COLLECTED	WRITE-OFF AMOUNT	OUTSTANDING BALANCE
BAA	INTERNAL MEDICINE	975	$125,112	$83,591	$41,165	$356	1,121	$231,672	$85,823	$132,953	$12,896	1,387	$266,757	$98,820	$153,087	$14,849
BAB	ALLERGY	14	$924	$524	$400	$0	17	$1,326	$662	$664	$0	15	$1,367	$682	$684	$0
BAC	CARDIOLOGY	252	$29,968	$18,767	$11,201	$0	354	$56,640	$24,067	$32,573	$0	281	$41,890	$17,800	$24,091	$0
BAF	ENDOCRINOLOGY	67	$9,313	$5,735	$3,578	$0	59	$9,912	$4,375	$5,537	$0	37	$6,327	$2,793	$3,534	$0
BAG	GASTROENTEROLOGY	104	$38,534	$26,301	$12,232	$1	159	$39,033	$17,417	$21,616	$0	83	$18,271	$8,153	$10,118	$0
BAH	HEMATOLOGY	275	$46,949	$32,110	$14,839	$0	144	$39,459	$14,403	$25,056	$0	77	$21,210	$7,742	$13,468	$0
BAJ	NEPHROLOGY	137	$30,277	$21,539	$8,738	$0	125	$41,932	$21,472	$20,460	$0	107	$28,039	$14,358	$13,681	$0
BAK	NEUROLOGY	27	$4,509	$2,060	$2,449	$0	62	$14,926	$5,622	$9,304	$0	45	$9,494	$3,576	$5,918	$0
BAL	NUTRITION	40	$1,840	$888	$952	$0	56	$3,935	$1,695	$2,106	$134	62	$3,888	$1,675	$2,081	$132
BAM	ONCOLOGY	447	$71,265	$53,039	$18,225	$1	153	$34,425	$15,186	$18,789	$450	211	$53,069	$23,410	$28,965	$694
BAN	PULMONOLOGY	233	$43,571	$25,518	$18,053	$0	213	$59,214	$22,683	$35,975	$556	169	$38,057	$14,578	$23,121	$357
BAO	RHEUMATOLOGY	29	$4,115	$2,449	$1,666	$0	25	$4,150	$1,486	$2,664	$0	32	$5,120	$1,833	$3,287	$0
BAP	DERMATOLOGY	385	$52,326	$32,645	$19,576	$105	418	$51,832	$21,258	$30,574	$0	422	$54,823	$22,485	$32,338	$0
BAQ	INFECTIOUS DISEASE	15	$2,220	$815	$1,405	$0	14	$3,892	$1,346	$2,546	$0	6	$1,371	$474	$897	$0
BAR	PHYSICAL MEDICINE	0	$0	$0	$0	$0	4	$620	$208	$412	$0	0	$0	$0	$0	$0
BAS	RADIATION THERAPY	2	$282	$282	$0	$0	397	$55,977	$24,632	$31,345	$0	238	$41,362	$18,201	$23,161	$0
BAZ	PAIN CLINIC	42	$4,578	$2,328	$2,250	$0	29	$4,814	$1,920	$2,894	$0	0	$0	$0	$0	$0
BBA	GENERAL SURGERY	402	$111,954	$75,738	$35,802	$414	198	$48,538	$18,188	$30,350	$0	157	$54,138	$20,287	$33,852	$0
BBB	CARDIOVASCULAR	245	$43,610	$30,533	$12,899	$178	107	$23,112	$13,774	$9,123	$215	35	$8,928	$5,321	$3,524	$83
BBC	NEUROSURGERY	14	$2,940	$1,830	$1,110	$0	44	$13,011	$5,035	$7,707	$269	17	$9,368	$3,625	$5,549	$194
BBD	OPTHALMOLOGY	986	$155,749	$98,527	$57,082	$140	861	$160,326	$62,293	$97,370	$663	762	$208,928	$81,177	$126,887	$864
BBF	OTOLARYNGOLOGY	257	$42,394	$29,545	$12,849	$0	267	$51,297	$23,132	$28,165	$0	221	$57,514	$25,936	$31,579	$0
BBG	PLASTIC SURGERY	7	$1,811	$1,468	$343	$0	21	$4,116	$2,206	$1,910	$0	40	$9,880	$5,295	$4,585	$0
BBH	PROCTOLOGY	0	$0	$0	$0	$0	20	$2,640	$518	$2,122	$0	39	$4,818	$945	$3,873	$0
BBI	UROLOGY	459	$85,088	$54,795	$30,293	$0	462	$93,552	$36,389	$57,163	$0	391	$95,159	$37,014	$58,145	$0
BBK	VASCULAR SURGERY	0	$0	$0	$0	$0	110	$23,760	$12,404	$11,140	$216	209	$45,783	$23,901	$21,466	$416
BBL	ANESTHESIOLOGY	0	$0	$0	$0	$0	28	$4,648	$2,175	$2,473	$0	0	$0	$0	$0	$0
BCB	GYNECOLOGY	134	$17,286	$9,623	$7,534	$129	118	$17,819	$6,321	$11,497	$1	90	$17,425	$6,181	$11,243	$1
BCC	OBSTETRICS	0	$0	$0	$0	$0	2	$270	$162	$108	$0	1	$157	$94	$63	$0
BCD	BREAST CANCER	16	$3,246	$2,543	$703	$0	91	$18,407	$7,064	$11,343	$0	62	$20,181	$7,745	$12,436	$0
BEA	ORTHOPAEDIC	147	$22,474	$16,253	$6,077	$144	140	$24,106	$10,355	$13,752	-$1	269	$64,215	$27,584	$36,633	-$3
BEB	CAST	8	$536	$402	$134	$0	8	$704	$242	$462	$0	16	$1,536	$528	$1,008	$0
BEC	HAND SURGERY	46	$3,312	$1,785	$1,517	$10	12	$900	$342	$558	$0	23	$4,536	$1,724	$2,812	$0
BEF	PODIATRY	6	$1,227	$960	$267	$0	30	$2,940	$910	$2,033	-$3	5	$581	$180	$401	-$1
BFA	PSYCHIATRY	33	$5,082	$3,600	$1,482	$0	23	$4,393	$2,235	$2,158	$0	0	$0	$0	$0	$0
BFD	MENTAL HEALTH	0	$0	$0	$0	$0	21	$3,297	$1,402	$1,895	$0	48	$9,648	$4,103	$5,545	$0
BFE	SOCIAL WORK	3	$351	$269	$82	$0	13	$2,067	$842	$1,225	$0	10	$1,502	$612	$890	$0
BGA	FAMILY PRACTICE	168	$18,701	$12,390	$6,198	$113	276	$34,756	$12,619	$22,137	$0	165	$22,531	$8,181	$14,351	$0
BHA	PRIMARY CARE	1252	$134,780	$65,318	$69,135	$327	782	$98,532	$40,282	$57,746	$504	368	$52,624	$21,514	$30,841	$269
BHC	OPTOMETRY	43	$3,212	$1,164	$1,902	$146	43	$3,526	$1,401	$2,125	$0	47	$4,264	$1,694	$2,570	$0
BHD	AUDIOLOGY	37	$1,924	$900	$1,024	$0	36	$2,088	$796	$1,292	$0	33	$1,723	$657	$1,066	$0
BHE	SPEECH THERAPY	2	$232	$23	$209	$0	18	$2,862	$977	$1,885	$0	8	$1,048	$358	$690	$0
BHF	COMMUNITY HEALTH	48	$3,600	$1,008	$2,517	$75	117	$9,360	$4,711	$4,489	$160	40	$3,680	$1,852	$1,765	$63
BHH	NAVCARE	329	$35,582	$17,760	$17,822	$0	811	$61,202	$21,753	$37,705	$1,744	647	$48,987	$17,412	$30,180	$1,396
BIA	EMERGENCY MEDICINE	448	$78,848	$53,847	$24,473	$528	366	$77,226	$39,577	$37,226	$423	342	$74,494	$38,177	$35,909	$408
BLA	PHYSICAL THERAPY	262	$12,314	$7,307	$4,960	$47	51	$2,907	$908	$1,999	$0	295	$18,863	$5,892	$12,971	$0
BLB	OCCUPATIONAL THERAPY	87	$5,394	$3,392	$1,940	$62	10	$1,040	$164	$876	$0	37	$3,328	$525	$2,803	$0
BLC	PHYSICAL THERAPY-NEURO	106	$4,142	$2,804	$1,338	$0	0	$0	$0	$0	$0	0	$0	$0	$0	$0
DBA	LABORATORY	11	$1,069	$853	$216	$0	14	$1,030	$203	$828	-$1	13	$430	$85	$345	$0
DCA	RADIOLOGY	4	$183	$129	$18	$36	5	$330	$121	$172	$37	11	$759	$278	$396	$85
FBI	IMMUNIZATIONS	79	$1,264	$513	$751	$0	428	$8,560	$4,394	$4,146	$20	29	$686	$352	$332	$2
FCC	PHARMACY	1922	$156,099	$96,211	$55,524	$4,364	1,785	$151,401	$68,744	$65,445	$17,212	1,023	$81,977	$37,222	$35,436	$9,320
FEA	AMBULANCE	24	$4,972	$1,992	$2,320	$660	12	$1,527	$613	$914	$0	1	$73	$0	$73	$0
		10,629	$1,425,159	$902,073	$515,250	$7,836	10,680	$1,610,009	$667,507	$907,007	$35,495	8,623	$1,520,808	$623,028	$868,651	$29,129

APPENDIX C

MILITARY BENEFICIARIES AGE 65 AND OLDER
NOT ENROLLED IN TRICARE SENIOR PRIME
OUTPATIENT REVENUE ANALYSIS (Averages)

		FY 97					FY 98					FY 99				
MEPRS CODE	OUTPATIENT CLINIC	TOTAL VISITS	AMOUNT BILLED	AMOUNT COLLECTED	WRITE-OFF AMOUNT	OUTSTANDING BALANCE	TOTAL VISITS	AMOUNT BILLED	AMOUNT COLLECTED	WRITE-OFF AMOUNT	OUTSTANDING BALANCE	TOTAL VISITS	AMOUNT BILLED	AMOUNT COLLECTED	WRITE-OFF AMOUNT	OUTSTANDING BALANCE
BAA	INTERNAL MEDICINE	975	$128	$86	$42	$0	1,121	$207	$77	$119	$12	1,387	$192	$71	$110	$11
BAB	ALLERGY	14	$66	$37	$29	$0	17	$78	$39	$39	$0	15	$92	$46	$46	$0
BAC	CARDIOLOGY	252	$119	$74	$44	$0	354	$160	$68	$92	$0	281	$149	$63	$86	$0
BAF	ENDOCRINOLOGY	67	$139	$86	$53	$0	59	$168	$74	$94	$0	37	$173	$76	$97	$0
BAG	GASTROENTEROLOGY	104	$371	$253	$118	$0	159	$245	$110	$136	$0	83	$219	$98	$121	$0
BAH	HEMATOLOGY	275	$171	$117	$54	$0	144	$274	$100	$174	$0	77	$277	$101	$176	$0
BAJ	NEPHROLOGY	137	$221	$157	$64	$0	125	$335	$172	$164	$0	107	$261	$134	$127	$0
BAK	NEUROLOGY	27	$167	$76	$91	$0	62	$241	$91	$150	$0	45	$213	$80	$133	$0
BAL	NUTRITION	40	$46	$22	$24	$0	56	$70	$30	$38	$2	62	$63	$27	$34	$2
BAM	ONCOLOGY	447	$159	$119	$41	$0	153	$225	$99	$123	$3	211	$251	$111	$137	$3
BAN	PULMONOLOGY	233	$187	$110	$77	$0	213	$278	$106	$169	$3	169	$225	$86	$137	$2
BAO	RHEUMATOLOGY	29	$142	$84	$57	$0	25	$166	$59	$107	$0	32	$160	$57	$103	$0
BAP	DERMATOLOGY	385	$136	$85	$51	$0	418	$124	$51	$73	$0	422	$130	$53	$77	$0
BAQ	INFECTIOUS DISEASE	15	$148	$54	$94	$0	14	$278	$96	$182	$0	6	$240	$83	$157	$0
BAR	PHYSICAL MEDICINE	0	$0	$0	$0	$0	4	$155	$52	$103	$0	0	$0	$0	$0	$0
BAS	RADIATION THERAPY	2	$141	$141	$0	$0	397	$141	$62	$79	$0	238	$174	$77	$97	$0
BAZ	PAIN CLINIC	42	$109	$55	$54	$0	29	$166	$66	$100	$0	0	$0	$0	$0	$0
BBA	GENERAL SURGERY	402	$278	$188	$89	$1	198	$245	$92	$153	$0	157	$346	$130	$216	$0
BBB	CARDIOVASCULAR	245	$178	$125	$53	$1	107	$216	$129	$85	$2	35	$252	$150	$99	$2
BBC	NEUROSURGERY	14	$210	$131	$79	$0	44	$296	$114	$175	$6	17	$546	$211	$324	$11
BBD	OPTHALMOLOGY	986	$158	$100	$58	$0	861	$186	$72	$113	$1	762	$274	$106	$166	$1
BBF	OTOLARYNGOLOGY	257	$165	$115	$50	$0	267	$192	$87	$105	$0	221	$261	$118	$143	$0
BBG	PLASTIC SURGERY	7	$259	$210	$49	$0	21	$196	$105	$91	$0	40	$247	$132	$115	$0
BBH	PROCTOLOGY	0	$0	$0	$0	$0	20	$132	$26	$106	$0	39	$124	$24	$100	$0
BBI	UROLOGY	459	$185	$119	$66	$0	462	$202	$79	$124	$0	391	$243	$95	$149	$0
BBK	VASCULAR SURGERY	0	$0	$0	$0	$0	110	$216	$113	$101	$2	209	$219	$114	$103	$2
BBL	ANESTHESIOLOGY	0	$0	$0	$0	$0	28	$166	$78	$88	$0	0	$0	$0	$0	$0
BCB	GYNECOLOGY	134	$129	$72	$56	$1	118	$151	$54	$97	$0	90	$193	$68	$125	$0
BCC	OBSTETRICS	0	$0	$0	$0	$0	2	$135	$81	$54	$0	1	$137	$82	$55	$0
BCD	BREAST CANCER	16	$203	$159	$44	$0	91	$202	$78	$125	$0	62	$327	$125	$202	$0
BEA	ORTHOPAEDIC	147	$153	$111	$41	$1	140	$172	$74	$98	$0	269	$239	$103	$136	$0
BEB	CAST	8	$67	$50	$17	$0	8	$88	$30	$58	$0	16	$96	$33	$63	$0
BEC	HAND SURGERY	46	$72	$39	$33	$0	12	$75	$29	$47	$0	23	$198	$75	$123	$0
BEF	PODIATRY	6	$205	$160	$45	$0	30	$98	$30	$68	$0	5	$127	$39	$88	$0
BFA	PSYCHIATRY	33	$154	$109	$45	$0	23	$191	$97	$94	$0	0	$0	$0	$0	$0
BFD	MENTAL HEALTH	0	$0	$0	$0	$0	21	$157	$67	$90	$0	48	$201	$85	$116	$0
BFE	SOCIAL WORK	3	$117	$90	$27	$0	13	$159	$65	$94	$0	10	$146	$59	$87	$0
BGA	FAMILY PRACTICE	168	$111	$74	$37	$1	276	$126	$46	$80	$0	165	$137	$50	$87	$0
BHA	PRIMARY CARE	1252	$108	$52	$55	$0	782	$126	$52	$74	$1	368	$143	$58	$84	$1
BHC	OPTOMETRY	43	$75	$27	$44	$3	43	$82	$33	$49	$0	47	$91	$36	$55	$0
BHD	AUDIOLOGY	37	$52	$24	$28	$0	36	$58	$22	$36	$0	33	$52	$20	$32	$0
BHE	SPEECH THERAPY	2	$116	$12	$105	$0	18	$159	$54	$105	$0	8	$131	$45	$86	$0
BHF	COMMUNITY HEALTH	48	$75	$21	$52	$2	117	$80	$40	$38	$1	40	$92	$46	$44	$2
BHH	NAVCARE	329	$108	$54	$54	$0	811	$75	$27	$46	$2	647	$76	$27	$47	$2
BIA	EMERGENCY MEDICINE	448	$176	$120	$55	$1	366	$211	$108	$102	$1	342	$218	$112	$105	$1
BLA	PHYSICAL THERAPY	262	$47	$28	$19	$0	51	$57	$18	$39	$0	295	$64	$20	$44	$0
BLB	OCCUPATIONAL THERAPY	87	$62	$39	$22	$1	10	$104	$16	$88	$0	37	$91	$14	$77	$0
BLC	PHYSICAL THERAPY-NEURO	106	$39	$26	$13	$0	0	$0	$0	$0	$0	0	$0	$0	$0	$0
DBA	LABORATORY	11	$97	$78	$20	$0	14	$74	$15	$59	$0	13	$34	$7	$27	$0
DCA	RADIOLOGY	4	$46	$32	$5	$9	5	$66	$24	$34	$7	11	$66	$24	$35	$7
FBI	IMMUNIZATIONS	79	$16	$6	$10	$0	428	$20	$10	$10	$0	29	$24	$12	$12	$0
FCC	PHARMACY	1922	$81	$50	$29	$2	1,785	$85	$39	$37	$10	1,023	$80	$36	$35	$9
FEA	AMBULANCE	24	$207	$83	$97	$28	12	$127	$51	$76	$0	1	$64	$0	$64	$0
		10,629	$134	$85	$48	$1	10,680	$151	$63	$85	$3	8,623	$176	$72	$101	$3

APPENDIX C

MILITARY BENEFICIARIES AGE 65 AND OLDER
NOT ENROLLED IN TRICARE SENIOR PRIME
OUTPATIENT REVENUE ANALYSIS (Total Change)

		FY 97					FY 98					FY 99				
MEPRS CODE	OUTPATIENT CLINIC	TOTAL VISITS	AMOUNT BILLED	AMOUNT COLLECTED	WRITE-OFF AMOUNT	OUTSTANDING BALANCE	TOTAL VISITS	AMOUNT BILLED	AMOUNT COLLECTED	WRITE-OFF AMOUNT	OUTSTANDING BALANCE	TOTAL VISITS	AMOUNT BILLED	AMOUNT COLLECTED	WRITE-OFF AMOUNT	OUTSTANDING BALANCE
BAA	INTERNAL MEDICINE	0	$0	$0	$0	$0	146	$106,560	$2,232	$91,788	$12,540	266	$35,085	$12,997	$20,134	$1,953
BAB	ALLERGY	0	$0	$0	$0	$0	3	$402	$138	$264	$0	-2	$41	$20	$20	$0
BAC	CARDIOLOGY	0	$0	$0	$0	$0	102	$26,672	$5,300	$21,372	$0	-73	-$14,750	-$6,267	-$8,482	$0
BAF	ENDOCRINOLOGY	0	$0	$0	$0	$0	-8	$599	-$1,360	$1,959	$0	-22	-$3,585	-$1,582	-$2,003	$0
BAG	GASTROENTEROLOGY	0	$0	$0	$0	$0	55	$499	-$8,884	$9,384	-$1	-76	-$20,762	-$9,264	-$11,498	$0
BAH	HEMATOLOGY	0	$0	$0	$0	$0	-131	-$7,490	-$17,707	$10,217	$0	-67	-$18,249	-$6,661	-$11,588	$0
BAJ	NEPHROLOGY	0	$0	$0	$0	$0	-12	$11,655	-$67	$11,722	$0	-18	-$13,893	-$7,114	-$6,779	$0
BAK	NEUROLOGY	0	$0	$0	$0	$0	35	$10,417	$3,562	$6,855	$0	-17	-$5,432	-$2,046	-$3,386	$0
BAL	NUTRITION	0	$0	$0	$0	$0	16	$2,095	$807	$1,154	$134	6	-$47	-$20	-$25	-$2
BAM	ONCOLOGY	0	$0	$0	$0	$0	-294	-$36,840	-$37,853	$564	$449	58	$18,644	$8,224	$10,176	$244
BAN	PULMONOLOGY	0	$0	$0	$0	$0	-20	$15,643	-$2,835	$17,922	$556	-44	-$21,157	-$8,105	-$12,854	-$199
BAO	RHEUMATOLOGY	0	$0	$0	$0	$0	-4	$35	-$963	$998	$0	7	$970	$347	$623	$0
BAP	DERMATOLOGY	0	$0	$0	$0	$0	33	-$494	-$11,387	$10,998	-$105	4	$2,991	$1,227	$1,764	$0
BAQ	INFECTIOUS DISEASE	0	$0	$0	$0	$0	-1	$1,672	$531	$1,141	$0	-8	-$2,521	-$872	-$1,649	$0
BAR	PHYSICAL MEDICINE	0	$0	$0	$0	$0	4	$620	$208	$412	$0	-4	-$620	-$208	-$412	$0
BAS	RADIATION THERAPY	0	$0	$0	$0	$0	395	$55,695	$24,350	$31,345	$0	-159	-$14,615	-$6,431	-$8,184	$0
BAZ	PAIN CLINIC	0	$0	$0	$0	$0	-13	$236	-$408	$644	$0	-29	-$4,814	-$1,920	-$2,894	$0
BBA	GENERAL SURGERY	0	$0	$0	$0	$0	-204	-$63,416	-$57,550	-$5,452	-$414	-41	$5,600	$2,099	$3,502	$0
BBB	CARDIOVASCULAR	0	$0	$0	$0	$0	-138	-$20,498	-$16,759	-$3,776	$37	-72	-$14,184	-$8,453	-$5,599	-$132
BBC	NEUROSURGERY	0	$0	$0	$0	$0	30	$10,071	$3,205	$6,597	$269	-27	-$3,643	-$1,410	-$2,158	-$75
BBD	OPTHALMOLOGY	0	$0	$0	$0	$0	-125	$4,577	-$36,234	$40,288	$523	-99	$48,602	$18,884	$29,517	$201
BBF	OTOLARYNGOLOGY	0	$0	$0	$0	$0	10	$8,903	-$6,413	$15,316	$0	-46	$6,217	$2,804	$3,414	$0
BBG	PLASTIC SURGERY	0	$0	$0	$0	$0	14	$2,305	$738	$1,567	$0	19	$5,764	$3,089	$2,675	$0
BBH	PROCTOLOGY	0	$0	$0	$0	$0	20	$2,640	$518	$2,122	$0	19	$2,178	$427	$1,751	$0
BBI	UROLOGY	0	$0	$0	$0	$0	3	$8,464	-$18,406	$26,870	$0	-71	$1,607	$625	$982	$0
BBK	VASCULAR SURGERY	0	$0	$0	$0	$0	110	$23,760	$12,404	$11,140	$216	99	$22,023	$11,497	$10,326	$200
BBL	ANESTHESIOLOGY	0	$0	$0	$0	$0	28	$4,648	$2,175	$2,473	$0	-28	-$4,648	-$2,175	-$2,473	$0
BCB	GYNECOLOGY	0	$0	$0	$0	$0	-16	$533	-$3,302	$3,963	-$128	-28	-$394	-$140	-$254	$0
BCC	OBSTETRICS	0	$0	$0	$0	$0	2	$270	$162	$108	$0	-1	-$113	-$68	-$45	$0
BCD	BREAST CANCER	0	$0	$0	$0	$0	75	$15,161	$4,521	$10,640	$0	-29	$1,774	$681	$1,093	$0
BEA	ORTHOPAEDIC	0	$0	$0	$0	$0	-7	$1,632	-$5,898	$7,675	-$145	129	$40,109	$17,229	$22,881	-$2
BEB	CAST	0	$0	$0	$0	$0	0	$168	-$160	$328	$0	8	$832	$286	$546	$0
BEC	HAND SURGERY	0	$0	$0	$0	$0	-34	-$2,412	-$1,443	-$959	-$10	11	$3,636	$1,382	$2,254	$0
BEF	PODIATRY	0	$0	$0	$0	$0	24	$1,713	-$50	$1,766	-$3	-25	-$2,359	-$730	-$1,632	$2
BFA	PSYCHIATRY	0	$0	$0	$0	$0	-10	-$689	-$1,365	$676	$0	-23	-$4,393	-$2,235	-$2,158	$0
BFD	MENTAL HEALTH	0	$0	$0	$0	$0	21	$3,297	$1,402	$1,895	$0	27	$6,351	$2,701	$3,650	$0
BFE	SOCIAL WORK	0	$0	$0	$0	$0	10	$1,716	$573	$1,143	$0	-3	-$565	-$230	-$335	$0
BGA	FAMILY PRACTICE	0	$0	$0	$0	$0	108	$16,055	$229	$15,939	-$113	-111	-$12,225	-$4,438	-$7,786	$0
BHA	PRIMARY CARE	0	$0	$0	$0	$0	-470	-$36,248	-$25,036	-$11,389	$177	-414	-$45,908	-$18,768	-$26,905	-$235
BHC	OPTOMETRY	0	$0	$0	$0	$0	0	$314	$237	$223	-$146	4	$738	$293	$445	$0
BHD	AUDIOLOGY	0	$0	$0	$0	$0	-1	$164	-$104	$268	$0	-3	-$365	-$139	-$226	$0
BHE	SPEECH THERAPY	0	$0	$0	$0	$0	16	$2,630	$954	$1,676	$0	-10	-$1,814	-$619	-$1,195	$0
BHF	COMMUNITY HEALTH	0	$0	$0	$0	$0	69	$5,760	$3,703	$1,972	$85	-77	-$5,680	-$2,859	-$2,724	-$97
BHH	NAVCARE	0	$0	$0	$0	$0	482	$25,620	$3,993	$19,883	$1,744	-164	-$12,215	-$4,341	-$7,525	-$348
BIA	EMERGENCY MEDICINE	0	$0	$0	$0	$0	-82	-$1,622	-$14,270	$12,753	-$105	-24	-$2,732	-$1,400	-$1,317	-$15
BLA	PHYSICAL THERAPY	0	$0	$0	$0	$0	-211	-$9,407	-$6,399	-$2,961	-$47	244	$15,956	$4,984	$10,972	$0
BLB	OCCUPATIONAL THERAPY	0	$0	$0	$0	$0	-77	-$4,354	-$3,228	-$1,064	-$62	27	$2,288	$361	$1,927	$0
BLC	PHYSICAL THERAPY-NEURO	0	$0	$0	$0	$0	-106	-$4,142	-$2,804	-$1,338	$0	0	$0	$0	$0	$0
DBA	LABORATORY	0	$0	$0	$0	$0	3	-$39	-$650	$612	-$1	-1	-$600	-$118	-$483	$1
DCA	RADIOLOGY	0	$0	$0	$0	$0	1	$147	-$8	$154	$1	6	$429	$157	$224	$48
FBI	IMMUNIZATIONS	0	$0	$0	$0	$0	349	$7,296	$3,881	$3,395	$20	-399	-$7,874	-$4,042	-$3,814	-$18
FCC	PHARMACY	0	$0	$0	$0	$0	-137	-$4,698	-$27,467	$9,921	$12,848	-762	-$69,424	-$31,522	-$30,009	-$7,892
FEA	AMBULANCE	0	$0	$0	$0	$0	-12	-$3,445	-$1,379	-$1,406	-$660	-11	-$1,454	-$613	-$841	$0
		0	$0	$0	$0	$0	51	$184,850	-$234,566	$391,757	$27,659	-2,057	-$89,201	-$44,479	-$38,356	-$6,366

APPENDIX C

MILITARY BENEFICIARIES AGE 65 AND OLDER
NOT ENROLLED IN TRICARE SENIOR PRIME
OUTPATIENT REVENUE ANALYSIS (Percentage Change)

		FY 97					FY 98					FY 99				
MEPRS CODE	OUTPATIENT CLINIC	TOTAL VISITS	AMOUNT BILLED	AMOUNT COLLECTED	WRITE-OFF AMOUNT	OUTSTANDING BALANCE	TOTAL VISITS	AMOUNT BILLED	AMOUNT COLLECTED	WRITE-OFF AMOUNT	OUTSTANDING BALANCE	TOTAL VISITS	AMOUNT BILLED	AMOUNT COLLECTED	WRITE-OFF AMOUNT	OUTSTANDING BALANCE
BAA	INTERNAL MEDICINE	0%	0%	0%	0%	0%	15%	85%	3%	223%	3522%	24%	15%	15%	15%	15%
BAB	ALLERGY	0%	0%	0%	0%	0%	21%	44%	26%	66%	0%	-13%	3%	3%	3%	0%
BAC	CARDIOLOGY	0%	0%	0%	0%	0%	40%	89%	28%	191%	0%	-21%	-26%	-26%	-26%	0%
BAF	ENDOCRINOLOGY	0%	0%	0%	0%	0%	-12%	6%	-24%	55%	0%	-38%	-36%	-36%	-36%	0%
BAG	GASTROENTEROLOGY	0%	0%	0%	0%	0%	53%	1%	-34%	77%	-100%	-48%	-53%	-53%	-53%	0%
BAH	HEMATOLOGY	0%	0%	0%	0%	0%	-48%	-16%	-55%	69%	0%	-47%	-46%	-46%	-46%	0%
BAJ	NEPHROLOGY	0%	0%	0%	0%	0%	-9%	38%	0%	134%	0%	-14%	-33%	-33%	-33%	0%
BAK	NEUROLOGY	0%	0%	0%	0%	0%	130%	231%	173%	280%	0%	-28%	-36%	-36%	-36%	0%
BAL	NUTRITION	0%	0%	0%	0%	0%	40%	114%	91%	121%	0%	10%	-1%	-1%	-1%	0%
BAM	ONCOLOGY	0%	0%	0%	0%	0%	-66%	-52%	-71%	3%	44900%	38%	54%	54%	54%	54%
BAN	PULMONOLOGY	0%	0%	0%	0%	0%	-9%	36%	-11%	99%	0%	-21%	-36%	-36%	-36%	0%
BAO	RHEUMATOLOGY	0%	0%	0%	0%	0%	-14%	1%	-39%	60%	0%	28%	23%	23%	23%	0%
BAP	DERMATOLOGY	0%	0%	0%	0%	0%	9%	-1%	-35%	56%	-100%	1%	6%	6%	6%	0%
BAQ	INFECTIOUS DISEASE	0%	0%	0%	0%	0%	-7%	75%	65%	81%	0%	-59%	-65%	-65%	-65%	0%
BAR	PHYSICAL MEDICINE	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	-100%	-100%	-100%	-100%	0%
BAS	RADIATION THERAPY	0%	0%	0%	0%	0%	19750%	19750%	8635%	0%	0%	-40%	-26%	-26%	-26%	0%
BAZ	PAIN CLINIC	0%	0%	0%	0%	0%	-31%	5%	-18%	29%	0%	-100%	-100%	-100%	-100%	0%
BBA	GENERAL SURGERY	0%	0%	0%	0%	0%	-51%	-57%	-76%	-15%	-100%	-21%	12%	12%	12%	0%
BBB	CARDIOVASCULAR	0%	0%	0%	0%	0%	-56%	-47%	-55%	-29%	21%	-67%	-61%	-61%	-61%	-61%
BBC	NEUROSURGERY	0%	0%	0%	0%	0%	214%	343%	175%	594%	0%	-61%	-28%	-28%	-28%	0%
BBD	OPTHALMOLOGY	0%	0%	0%	0%	0%	-13%	3%	-37%	71%	374%	-11%	30%	30%	30%	30%
BBF	OTOLARYNGOLOGY	0%	0%	0%	0%	0%	4%	21%	-22%	119%	0%	-17%	12%	12%	12%	0%
BBG	PLASTIC SURGERY	0%	0%	0%	0%	0%	200%	127%	50%	457%	0%	90%	140%	140%	140%	0%
BBH	PROCTOLOGY	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	94%	83%	83%	83%	0%
BBI	UROLOGY	0%	0%	0%	0%	0%	1%	10%	-34%	89%	0%	-15%	2%	2%	2%	0%
BBK	VASCULAR SURGERY	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	90%	93%	93%	93%	0%
BBL	ANESTHESIOLOGY	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	-100%	-100%	-100%	-100%	0%
BCB	GYNECOLOGY	0%	0%	0%	0%	0%	-12%	3%	-34%	53%	-99%	-23%	-2%	-2%	-2%	-2%
BCC	OBSTETRICS	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	-43%	-42%	-42%	-42%	0%
BCD	BREAST CANCER	0%	0%	0%	0%	0%	469%	467%	178%	1514%	0%	-32%	10%	10%	10%	0%
BEA	ORTHOPAEDIC	0%	0%	0%	0%	0%	-5%	7%	-36%	126%	-101%	92%	166%	166%	166%	166%
BEB	CAST	0%	0%	0%	0%	0%	0%	31%	-40%	245%	0%	100%	118%	118%	118%	0%
BEC	HAND SURGERY	0%	0%	0%	0%	0%	-74%	-73%	-81%	-63%	-100%	90%	404%	404%	404%	0%
BEF	PODIATRY	0%	0%	0%	0%	0%	400%	140%	-5%	661%	0%	-85%	-80%	-80%	-80%	0%
BFA	PSYCHIATRY	0%	0%	0%	0%	0%	-30%	-14%	-38%	46%	0%	-100%	-100%	-100%	-100%	0%
BFD	MENTAL HEALTH	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	129%	193%	193%	193%	0%
BFE	SOCIAL WORK	0%	0%	0%	0%	0%	333%	489%	213%	1394%	0%	-21%	-27%	-27%	-27%	0%
BGA	FAMILY PRACTICE	0%	0%	0%	0%	0%	64%	86%	2%	257%	-100%	-40%	-35%	-35%	-35%	0%
BHA	PRIMARY CARE	0%	0%	0%	0%	0%	-38%	-27%	-38%	-16%	54%	-53%	-47%	-47%	-47%	-47%
BHC	OPTOMETRY	0%	0%	0%	0%	0%	0%	10%	20%	12%	-100%	9%	21%	21%	21%	0%
BHD	AUDIOLOGY	0%	0%	0%	0%	0%	-3%	9%	-12%	26%	0%	-8%	-17%	-17%	-17%	0%
BHE	SPEECH THERAPY	0%	0%	0%	0%	0%	800%	1134%	4148%	802%	0%	-56%	-63%	-63%	-63%	0%
BHF	COMMUNITY HEALTH	0%	0%	0%	0%	0%	144%	160%	367%	78%	113%	-66%	-61%	-61%	-61%	-61%
BHH	NAVCARE	0%	0%	0%	0%	0%	147%	72%	22%	112%	0%	-20%	-20%	-20%	-20%	0%
BIA	EMERGENCY MEDICINE	0%	0%	0%	0%	0%	-18%	-2%	-27%	52%	-20%	-7%	-4%	-4%	-4%	-4%
BLA	PHYSICAL THERAPY	0%	0%	0%	0%	0%	-81%	-76%	-88%	-60%	-100%	478%	549%	549%	549%	0%
BLB	OCCUPATIONAL THERAPY	0%	0%	0%	0%	0%	-89%	-81%	-95%	-55%	-100%	266%	220%	220%	220%	0%
BLC	PHYSICAL THERAPY-NEURO	0%	0%	0%	0%	0%	-100%	-100%	-100%	-100%	0%	0%	0%	0%	0%	0%
DBA	LABORATORY	0%	0%	0%	0%	0%	27%	-4%	-76%	283%	0%	-10%	-58%	-58%	-58%	0%
DCA	RADIOLOGY	0%	0%	0%	0%	0%	25%	80%	-6%	856%	3%	129%	130%	130%	130%	130%
FBI	IMMUNIZATIONS	0%	0%	0%	0%	0%	442%	577%	757%	452%	0%	-93%	-92%	-92%	-92%	0%
FCC	PHARMACY	0%	0%	0%	0%	0%	-7%	-3%	-29%	18%	294%	-43%	-46%	-46%	-46%	-46%
FEA	AMBULANCE	0%	0%	0%	0%	0%	-50%	-69%	-69%	-61%	-100%	-90%	-95%	-100%	-92%	0%
		0%	0%	0%	0%	0%	0%	13%	-26%	76%	353%	-19%	-6%	-7%	-4%	-18%

APPENDIX D

TRICARE SENIOR PRIME ENROLLEES
OUTPATIENT COST ANALYSIS

MEPRS CODE	OUTPATIENT CLINIC	FY 97 TOTAL VISITS	FY 97 COST PER VISIT	FY 97 TOTAL COSTS	FY 98 TOTAL VISITS ACTUAL	FY 98 TOTAL VISITS % CHG	FY 98 COST PER VISIT ACTUAL	FY 98 COST PER VISIT % CHG	FY 98 TOTAL COSTS ACTUAL	FY 98 TOTAL COSTS % CHG	FY 99 TOTAL VISITS ACTUAL	FY 99 TOTAL VISITS % CHG	FY 99 COST PER VISIT ACTUAL	FY 99 COST PER VISIT % CHG	FY 99 TOTAL COSTS ACTUAL	FY 99 TOTAL COSTS % CHG
BAA	INTERNAL MEDICINE	336	$129.58	$43,539	446	33%	$162.71	26%	$72,569	67%	695	56%	$203.59	25%	$141,495	95%
BAB	ALLERGY	10	$133.86	$1,339	10	0%	$133.18	-1%	$1,332	-1%	3	-70%	$143.89	8%	$432	-68%
BAC	CARDIOLOGY	71	$85.91	$6,100	137	93%	$146.80	71%	$20,112	230%	90	-34%	$264.96	80%	$23,846	19%
BAF	ENDOCRINOLOGY	4	$162.94	$652	6	50%	$181.75	12%	$1,091	67%	7	17%	$218.28	20%	$1,528	40%
BAG	GASTROENTEROLOGY	32	$141.64	$4,532	60	88%	$183.27	29%	$10,996	143%	38	-37%	$275.15	50%	$10,456	-5%
BAH	HEMATOLOGY	29	$248.39	$7,203	30	3%	$287.70	16%	$8,631	20%	18	-40%	$467.52	63%	$8,415	-2%
BAJ	NEPHROLOGY	15	$183.00	$2,745	11	-27%	$289.12	58%	$3,180	16%	11	0%	$368.52	27%	$4,054	27%
BAK	NEUROLOGY	8	$258.61	$2,069	17	113%	$256.25	-1%	$4,356	111%	11	-35%	$369.71	44%	$4,067	-7%
BAL	NUTRITION	19	$44.60	$847	24	26%	$26.71	-40%	$641	-24%	38	58%	$68.86	158%	$2,617	308%
BAM	ONCOLOGY	154	$211.54	$32,577	17	-89%	$158.85	-25%	$2,700	-92%	59	247%	$207.32	31%	$12,232	353%
BAN	PULMONOLOGY	72	$161.96	$11,661	73	1%	$195.17	21%	$14,247	22%	57	-22%	$228.40	17%	$13,019	-9%
BAO	RHEUMATOLOGY	9	$131.06	$1,180	11	22%	$176.70	35%	$1,944	65%	9	-18%	$225.27	27%	$2,027	4%
BAP	DERMATOLOGY	132	$94.73	$12,504	155	17%	$143.15	51%	$22,188	77%	125	-19%	$176.87	24%	$22,109	0%
BAQ	INFECTIOUS DISEASE	2	$134.47	$269	1	-50%	$210.44	56%	$210	-22%	0	-100%	$276.45	31%	$0	-100%
BAR	PHYSICAL MEDICINE	0	$174.32	$0	3	0%	$147.89	-15%	$444	0%	0	-100%	$231.68	57%	$0	-100%
BAS	RADIATION THERAPY	0	$0.00	$0	162	0%	$116.33	0%	$18,845	0%	106	-35%	$155.85	34%	$16,520	-12%
BAZ	PAIN CLINIC	6	$55.82	$335	5	-17%	$136.18	144%	$681	103%	0	-100%	$0.00	0%	$0	0%
BBA	GENERAL SURGERY	89	$275.88	$24,553	70	-21%	$421.04	53%	$29,473	20%	59	-16%	$554.43	32%	$32,711	11%
BBB	CARDIOVASCULAR	72	$161.33	$11,616	37	-49%	$263.76	63%	$9,759	-16%	13	-65%	$319.59	21%	$4,155	-57%
BBC	NEUROSURGERY	3	$353.19	$1,060	15	400%	$402.82	14%	$6,042	470%	0	-100%	$584.09	45%	$0	-100%
BBD	OPTHALMOLOGY	279	$154.53	$43,114	227	-19%	$181.89	18%	$41,289	-4%	226	0%	$236.20	30%	$53,381	29%
BBF	OTOLARYNGOLOGY	84	$288.46	$24,231	69	-18%	$301.21	4%	$20,783	-14%	80	16%	$459.27	52%	$36,742	77%
BBG	PLASTIC SURGERY	6	$230.97	$1,386	17	183%	$318.49	38%	$5,414	291%	26	53%	$411.46	29%	$10,698	98%
BBH	PROCTOLOGY	0	$105.07	$0	9	0%	$73.57	-30%	$662	0%	21	133%	$255.50	247%	$5,366	710%
BBI	UROLOGY	128	$176.00	$22,528	138	8%	$241.48	37%	$33,324	48%	142	3%	$268.24	11%	$38,090	14%
BBK	VASCULAR SURGERY	0	$0.00	$0	18	0%	$147.09	0%	$2,648	0%	66	267%	$95.81	-35%	$6,323	139%
BBL	ANESTHESIOLOGY	0	$0.00	$0	8	0%	$201.75	0%	$1,614	0%	0	-100%	$166.95	-17%	$0	-100%
BCB	GYNECOLOGY	35	$222.12	$7,774	34	-3%	$189.41	-15%	$6,440	-17%	32	-6%	$215.04	14%	$6,881	7%
BCD	BREAST CANCER	6	$109.93	$660	15	150%	$192.12	0%	$2,882	0%	18	20%	$568.62	196%	$10,235	255%
BEA	ORTHOPAEDIC	58	$370.96	$21,516	58	0%	$325.10	-12%	$18,856	-12%	93	60%	$429.45	32%	$39,939	112%
BEB	CAST	4	$153.55	$614	6	50%	$255.64	66%	$1,534	150%	11	83%	$236.53	-7%	$2,602	70%
BEC	HAND SURGERY	18	$110.50	$1,989	6	-67%	$210.72	91%	$1,264	-36%	14	133%	$179.13	-15%	$2,508	98%
BEF	PODIATRY	0	$92.93	$0	8	0%	$99.49	7%	$796	0%	5	-38%	$127.95	29%	$640	-20%
BFA	PSYCHIATRY	16	$104.91	$1,679	17	6%	$136.18	30%	$2,315	38%	0	-100%	$0.00	0%	$0	0%
BFD	MENTAL HEALTH	0	$0.00	$0	13	0%	$104.52	0%	$1,359	0%	33	154%	$138.53	33%	$4,571	236%
BFE	SOCIAL WORK	1	$65.02	$65	1	0%	$123.24	90%	$123	90%	8	700%	$390.32	217%	$3,123	2434%
BGA	FAMILY PRACTICE	71	$62.28	$4,422	130	83%	$89.60	44%	$11,648	163%	106	-18%	$107.12	20%	$11,355	-3%
BHA	PRIMARY CARE	350	$99.92	$34,972	264	-25%	$128.21	28%	$33,847	-3%	157	-41%	$171.09	33%	$26,861	-21%
BHC	OPTOMETRY	6	$66.02	$396	8	33%	$70.03	6%	$560	41%	21	163%	$88.42	26%	$1,857	231%
BHD	AUDIOLOGY	10	$14.41	$144	6	-40%	$22.11	53%	$133	-8%	14	133%	$62.82	184%	$879	563%
BHF	COMMUNITY HEALTH	21	$61.90	$1,300	67	219%	$94.42	53%	$6,326	387%	21	-69%	$66.07	-30%	$1,387	-78%
BHH	NAVCARE	40	$59.86	$2,394	97	143%	$70.94	19%	$6,881	187%	40	-59%	$68.24	-4%	$2,730	-60%
BIA	EMERGENCY MEDICINE	100	$223.45	$22,345	108	8%	$284.33	27%	$30,708	37%	119	10%	$346.35	22%	$41,216	34%
BLA	PHYSICAL THERAPY	100	$44.85	$4,485	13	-87%	$49.26	10%	$640	-86%	157	1108%	$56.66	15%	$8,896	1289%
BLB	OCCUPATIONAL THERAPY	54	$70.21	$3,791	1	-98%	$68.63	-2%	$69	-98%	25	2400%	$45.92	-33%	$1,148	1573%
BLC	PHYSICAL THERAPY-NEURO	30	$29.61	$888	0	-100%	$0.00	-100%	$0	-100%	0	0%	$0.00	0%	$0	0%
FBI	IMMUNIZATIONS	19	$12.26	$233	128	574%	$20.06	64%	$2,568	1002%	7	-95%	$10.21	-49%	$71	-97%
FEA	AMBULANCE	1	$57.07	$57	3	200%	$34.25	-40%	$103	80%	0	-100%	$33.03	-4%	$0	-100%
		2,500	$ 146.31	$365,763	2,759	10%	$ 168.26	15%	$464,228	27%	2,781	1%	$221.93	32%	$617,181	33%

APPENDIX D

MILITARY BENEFICIARIES AGE 65 AND OLDER
NOT ENROLLED IN TRICARE SENIOR PRIME
OUTPATIENT COST ANALYSIS

		FY 97			FY 98						FY 99					
MEPRS	OUTPATIENT	TOTAL	COST	TOTAL	TOTAL VISITS		COST PER VISIT		TOTAL COSTS		TOTAL VISITS		COST PER VISIT		TOTAL COSTS	
CODE	CLINIC	VISITS	PER VISIT	COSTS	ACTUAL	% CHG	ACTUAL	% CHG	ACTUAL	% CHG	ACTUAL	% CHG	ACTUAL	% CHG	ACTUAL	% CHG
BAA	INTERNAL MEDICINE	975	$129.58	$126,341	1,121	15%	$162.71	26%	$182,398	44%	1387	24%	$203.59	25%	$282,379	55%
BAB	ALLERGY	14	$133.86	$1,874	17	21%	$133.18	-1%	$2,264	21%	15	-12%	$143.89	8%	$2,158	-5%
BAC	CARDIOLOGY	252	$85.91	$21,649	354	40%	$146.80	71%	$51,967	140%	281	-21%	$264.96	80%	$74,454	43%
BAF	ENDOCRINOLOGY	67	$162.94	$10,917	59	-12%	$181.75	12%	$10,723	-2%	37	-37%	$218.28	20%	$8,076	-25%
BAG	GASTROENTEROLOGY	104	$141.64	$14,731	159	53%	$183.27	29%	$29,140	98%	83	-48%	$275.15	50%	$22,837	-22%
BAH	HEMATOLOGY	275	$248.39	$68,307	144	-48%	$287.70	16%	$41,429	-39%	77	-47%	$467.52	63%	$35,999	-13%
BAJ	NEPHROLOGY	137	$183.00	$25,071	125	-9%	$289.12	58%	$36,140	44%	107	-14%	$368.52	27%	$39,432	9%
BAK	NEUROLOGY	27	$258.61	$6,982	62	130%	$256.25	-1%	$15,888	128%	45	-27%	$369.71	44%	$16,637	5%
BAL	NUTRITION	40	$44.60	$1,784	56	40%	$26.71	-40%	$1,496	-16%	62	11%	$68.86	158%	$4,269	185%
BAM	ONCOLOGY	447	$211.54	$94,558	153	-66%	$158.85	-25%	$24,304	-74%	211	38%	$207.32	31%	$43,745	80%
BAN	PULMONOLOGY	233	$161.96	$37,737	213	-9%	$195.17	21%	$41,571	10%	169	-21%	$228.40	17%	$38,600	-7%
BAO	RHEUMATOLOGY	29	$131.06	$3,801	25	-14%	$176.70	35%	$4,418	16%	32	28%	$225.27	27%	$7,209	63%
BAP	DERMATOLOGY	385	$94.73	$36,471	418	9%	$143.15	51%	$59,837	64%	422	1%	$176.87	24%	$74,639	25%
BAQ	INFECTIOUS DISEASE	15	$134.47	$2,017	14	-7%	$210.44	56%	$2,946	46%	6	-57%	$276.45	31%	$1,659	-44%
BAR	PHYSICAL MEDICINE	0	$174.32	$0	4	0%	$147.89	-15%	$592	0%	0	-100%	$231.68	57%	$0	-100%
BAS	RADIATION THERAPY	2	$109.93	$220	397	19750%	$116.33	0%	$46,183	0%	238	-40%	$155.85	34%	$37,092	-20%
BAZ	PAIN CLINIC	42	$55.82	$2,344	29	-31%	$136.18	144%	$3,949	68%	0	-100%	$0.00	0%	$0	0%
BBA	GENERAL SURGERY	402	$275.88	$110,904	198	-51%	$421.04	53%	$83,366	-25%	157	-21%	$554.43	32%	$87,046	4%
BBB	CARDIOVASCULAR	245	$161.33	$39,526	107	-56%	$263.76	63%	$28,222	-29%	35	-67%	$319.59	21%	$11,186	-60%
BBC	NEUROSURGERY	14	$353.19	$4,945	44	214%	$402.82	14%	$17,724	258%	17	-61%	$584.09	45%	$9,930	-44%
BBD	OPTHALMOLOGY	986	$154.53	$152,367	861	-13%	$181.89	18%	$156,607	3%	762	-11%	$236.20	30%	$179,984	15%
BBF	OTOLARYNGOLOGY	257	$288.46	$74,134	267	4%	$301.21	4%	$80,423	8%	221	-17%	$459.27	52%	$101,499	26%
BBG	PLASTIC SURGERY	7	$230.97	$1,617	21	200%	$318.49	38%	$6,688	314%	40	90%	$411.46	29%	$16,458	146%
BBH	PROCTOLOGY	0	$105.07	$0	20	0%	$73.57	-30%	$1,471	0%	39	95%	$255.50	247%	$9,965	577%
BBI	UROLOGY	459	$176.00	$80,784	462	1%	$241.48	37%	$111,564	38%	391	-15%	$268.24	11%	$104,882	-6%
BBK	VASCULAR SURGERY	0	$0.00	$0	110	0%	$147.09	0%	$16,180	0%	209	90%	$95.81	-35%	$20,024	24%
BBL	ANESTHESIOLOGY	0	$0.00	$0	28	0%	$201.75	0%	$5,649	0%	0	-100%	$166.95	-17%	$0	-100%
BCB	GYNECOLOGY	134	$222.12	$29,764	118	-12%	$189.41	-15%	$22,350	-25%	90	-24%	$215.04	14%	$19,354	-13%
BCC	OBSTETRICS	0	$65.11	$0	2	0%	$147.34	126%	$295	0%	1	-50%	$85.22	-42%	$85	-71%
BCD	BREAST CANCER	16	$109.93	$1,759	91	469%	$192.12	0%	$17,483	0%	62	-32%	$568.62	196%	$35,254	102%
BEA	ORTHOPAEDIC	147	$370.96	$54,531	140	-5%	$325.10	-12%	$45,514	-17%	269	92%	$429.45	32%	$115,522	154%
BEB	CAST	8	$153.55	$1,228	8	0%	$255.64	66%	$2,045	66%	16	100%	$236.53	-7%	$3,784	85%
BEC	HAND SURGERY	46	$110.50	$5,083	12	-74%	$210.72	91%	$2,529	-50%	23	92%	$179.13	-15%	$4,120	63%
BEF	PODIATRY	6	$92.93	$558	30	400%	$99.49	7%	$2,985	435%	5	-83%	$127.95	29%	$640	-79%
BFA	PSYCHIATRY	33	$104.91	$3,462	23	-30%	$136.18	30%	$3,132	-10%	0	-100%	$0.00	0%	$0	0%
BFD	MENTAL HEALTH	0	$0.00	$0	21	0%	$104.52	0%	$2,195	0%	48	129%	$138.53	33%	$6,649	203%
BFE	SOCIAL WORK	3	$65.02	$195	13	333%	$123.24	90%	$1,602	721%	10	-23%	$390.32	217%	$3,903	144%
BGA	FAMILY PRACTICE	168	$62.28	$10,463	276	64%	$89.60	44%	$24,730	136%	165	-40%	$107.12	20%	$17,675	-29%
BHA	PRIMARY CARE	1252	$99.92	$125,100	782	-38%	$128.21	28%	$100,260	-20%	368	-53%	$171.09	33%	$62,961	-37%
BHC	OPTOMETRY	43	$66.02	$2,839	43	0%	$70.03	6%	$3,011	6%	47	9%	$88.42	26%	$4,156	38%
BHD	AUDIOLOGY	37	$14.41	$533	36	-3%	$22.11	53%	$796	49%	33	-8%	$62.82	184%	$2,073	160%
BHE	SPEECH THERAPY	2	$114.07	$228	18	800%	$468.26	311%	$8,429	3595%	8	-56%	$130.18	-72%	$1,041	-88%
BHF	COMMUNITY HEALTH	48	$61.90	$2,971	117	144%	$94.42	53%	$11,047	272%	40	-66%	$66.07	-30%	$2,643	-76%
BHH	NAVCARE	329	$59.86	$19,694	811	147%	$70.94	19%	$57,532	192%	647	-20%	$68.24	-4%	$44,151	-23%
BIA	EMERGENCY MEDICINE	448	$223.45	$100,106	366	-18%	$284.33	27%	$104,065	4%	342	-7%	$346.35	22%	$118,452	14%
BLA	PHYSICAL THERAPY	262	$44.85	$11,751	51	-81%	$49.26	10%	$2,512	-79%	295	478%	$56.66	15%	$16,715	565%
BLB	OCCUPATIONAL THERAPY	87	$70.21	$6,108	10	-89%	$68.63	-2%	$686	-89%	37	270%	$45.92	-33%	$1,699	148%
BLC	PHYSICAL THERAPY-NEURO	106	$29.61	$3,139	0	-100%	$0.00	-100%	$0	-100%	0	0%	$0.00	0%	$0	0%
DBA	LABORATORY	11	$7.29	$80	14	27%	$9.34	28%	$131	63%	13	-7%	$6.69	-28%	$87	-33%
DCA	RADIOLOGY	4	$37.32	$149	5	25%	$50.08	34%	$250	68%	11	120%	$38.66	-23%	$425	70%
FBI	IMMUNIZATIONS	79	$12.26	$969	428	442%	$20.06	64%	$8,586	786%	29	-93%	$10.21	-49%	$296	-97%
FEA	AMBULANCE	24	$57.07	$1,370	12	-50%	$34.25	-40%	$411	-70%	1	-92%	$33.03	-4%	$33	-92%
		8,707	$149.44	$1,301,159	8,895	2%	$167.03	12%	$1,485,715	14%	7603	-15%	$222.53	33%	$1,691,877	14%

APPENDIX E

TRICARE SENIOR PRIME
REVENUE ANALYSIS

TRICARE SENIOR PRIME ENROLLEES
ACTUAL INPATIENT TOTALS

YEAR	NUMBER OF ADMISSIONS	AVG. PER ADMISSION	TOTAL REVENUE
1998	642	$2,866	$1,840,150
1999	686	$1,815	$1,245,646
TOTAL CHANGE	44	($1,051)	($594,504)
PERCENTAGE CHANGE	7%	-37%	-32%

ESTIMATED FISCAL YEAR 1999 TOTALS BASED ON 20% REVENUE LOSS PER ADMISSION

YEAR	NUMBER OF ADMISSIONS	AVG. PER ADMISSION	TOTAL REVENUE
1998	642	$2,866	$1,840,150
1999	686	$2,293	$1,572,998
TOTAL CHANGE	44	($573)	($267,152)
PERCENTAGE CHANGE	7%	-20%	-15%

LOSS DUE TO REVENUE PER ADMISSION DECREASE =	($367,866)
GAIN DUE TO INCREASE IN TSP ADMISSIONS =	**$100,892**
ESTIMATED REVENUE LOSS (1998 TO 1999) =	($266,974)
ACTUAL REVENUE LOSS (1998 TO 1999) =	($594,504)
LOSS DUE TO CANCELLATION OF HEALTH INSURANCE =	**($327,530)**

MILITARY BENEFICIARIES 65 AND OLDER NOT ENROLLED IN TRICARE SENIOR PRIME
ACTUAL INPATIENT TOTALS

YEAR	NUMBER OF ADMISSIONS	AVG. PER ADMISSION	TOTAL REVENUE
1998	1061	$2,548	$2,703,850
1999	732	$2,047	$1,498,725
TOTAL CHANGE	(329)	($501)	($1,205,125)
PERCENTAGE CHANGE	-31%	-20%	-45%

LOSS DUE TO REVENUE PER ADMISSION DECREASE =	($531,561)
LOSS DUE TO DECREASE IN NON-TSP ADMISSIONS =	**($673,463)**
TOTAL DECREASE IN NON-TSP REVENUE (1998 TO 1999) =	($1,205,024)

TOTAL 65 AND OLDER BENEFICIARY POPULATION
ACTUAL OUTPATIENT TOTALS

DECREASE IN TSP ENROLLEE OUTPATIENT REVENUE =	**($972)**
LOSS DUE TO DECREASE IN NON-TSP OUTPATIENT VISITS =	**($44,479)**
TOTAL DECREASE IN TPC OUTPATIENT REVENUE (1998 TO 1999) =	($45,451)

REVENUE CHANGES FROM 1998 TO 1999 ATTRIBUTABLE TO TRICARE SENIOR PRIME

ACTUAL TPC REVENUE DECREASE (1998 TO 1999) =	($1,845,080)
TOTAL LOSS ATTRIBUTABLE TO TRICARE SENIOR PRIME =	**($945,552)**
PERCENTAGE LOSS ATTRIBUTABLE TO TSP =	**51%**

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